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FUNERAL DIRECTOR: IMPORTANT	# OC	I S
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	ificate must be a oved by the chief medical examiner or his assistant if death why was released to the hospital by a medical examiner. Also, if the direct or contributed and natures; (2) Body burns; (3) A fracture of any kind; (4) Undetermination of the chief of th	d prior to death); and (6) No physician was in regular attendance on the deceased approval must be obtained before the remains are embalmed or final disposition is ma
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VS 150-REV. 1/1/68

501/1	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH  BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH  REG. NO. 69 13001
of deatl Decease o on the	1. NAME OF DECEASED (Type or Print)  2. DATE AND HOUR OF DEATH
h. h.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived. If institutions residence before admission)
ospit e of 5) De nce death	A. STATE B. COUNTY
T 2 0 0	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  INSTITUTION  INSTITUTION
d in ging ing	35 CHURCH HONE & HOSPITAL BALTIMORE YES NO DESTREET AND NUMBER 320 S. Washington
od and a	E CEN
rmi egu ase	M WIDOWED DIVORCED 9-2-06 last birthday Months Doys Hours Min.
the none	10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY
o o u	13. FATHER'S NAME USER CLOTHING MARYMAND U.S.A.
if deect o 4) Un was the c	The state of the s
	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
0 - 0 -	(Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO.
if the int he danced or fine	NO 213-09-9/39 SOPHIA ZWINGLE 320 S, WASHING-TON ST.
SOUL	DISEASE OR CONDITION DIRECTLY  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Also Also of of noun atte	LEADING TO DEATH
ctur ctur oron ar	heart failure, asthenia, etc. 11 means the disease,
- C 0 5 E	injury or complication which caused death.)  ANTECEDENT CAUSES
002 - 20	DISEASES OR CONDITIONS, if any, giving  DUE TO, OR AS A CONSEQUENCE OF:
exa exa (3) A n w in r	THE TO THE COURT OF THE STRING THE
0 0 . C	UNDEKLING CONDITION (ast. (C)
BE ES > E	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
med med y bu phy phy ian	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  ARTERIOS CEROTIC HEART DISEASE
chief y a m Body the p ysicio	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19B-CONDITION FOR WHICH OPERATION WAS PERFORMED  20A-AUTOPSY? (Yes or No.) 10 CERTIFYING CAUSES OF DEATH?
	U 21A. A CCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID 11 III Religious City, olso avail beating)
4-04-7	OR CONTRIBUTING CAUSE OF home, form, foctory, street, affice bldg., INJURY OCCUR?  DEATH Inatify medical examines tet.)  10 21D TIME (Month) (Day) (Year) (Hous) 21E INJURY OCCURED 21F. HOW DID INJURY OCCUR?
hospita nature; ept whe d (6) No	
oved be hosp y naturacept with (6) orange	(APPROX.)  While At Not While Work  At Work
any (exc (exc obt	22. I certify that (I) (this hospital) attended the deceased from Dec 30 19 69 to Dec 30 19 69
-00	that (1) (we) fast saw the deceased alive an Drc-30 19 68 and that In(my) (our) apinian death accurred an the date
	and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death.
S D D D E	23A. SIGNATURE  23B. DATE SIGNED  23B. DATE SIGNED  23B. DATE SIGNED
a historia	OFFICE Phys. Director Phys. Let 12-30-69
Mas r An a L at c prior	23C. PHYSICIAN'S NAME (Type)  CORAZON Z. VERGARA M.D. CHECKEH Home & AOSPITAL
44 - 44	COPACON 2. VEFTINA, Decare
E	REMOVAL (Specify) (Stole)
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
This the Ishov was dece	JAN 2 1970 23 E. Jaber M.D. JOHN M. WEBERSONS INC TO S. CHESTER ST.

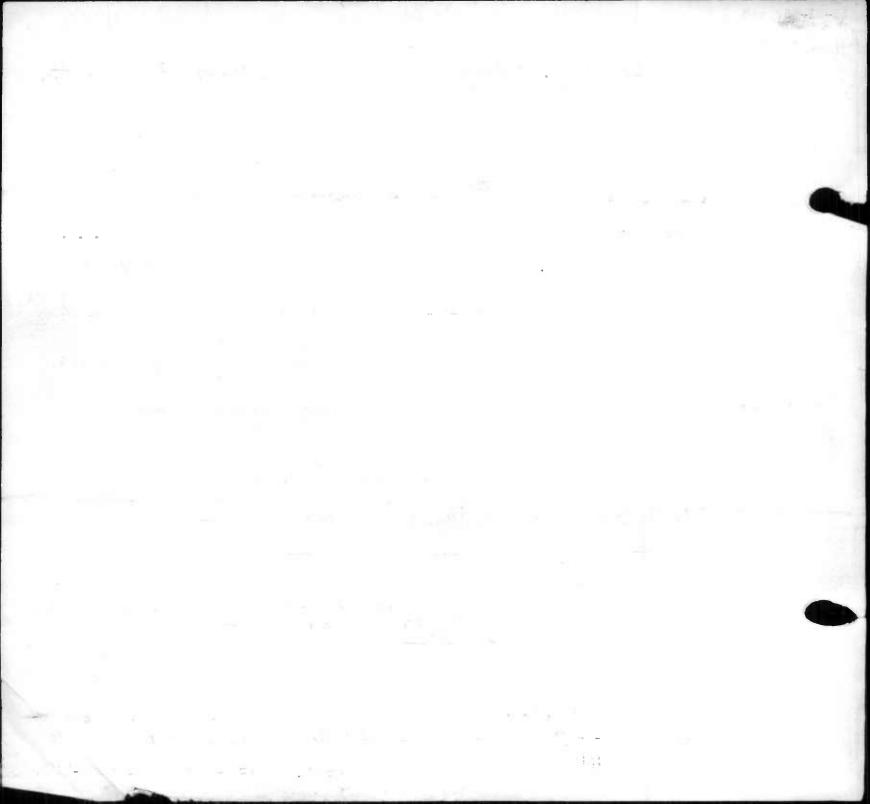
JOHN M. WEBI-RASONS INC 4015. CHESTER ST.

AND SHEET ASSESSED. The will distinct the second in the

P-452	curred in a hospital and ributing cause of death mined cause; (5) Deceased gular attendance on the sed prior to death. Such made.
FUNERAL DIRECTOR: IMPORTANT	This certificate must be a veed by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

53-81-5	5 sab					1000		BALTIMORE CITY	HEALTH DI	EPARTMENT		69	13002
0 110000	- D 0 4	BIR	TH NO.		69	1300	2	CERTIFICA	TE OF	DEATH	REG. NO	00	10000
-42 e	ase The Suc	1. N	AME OF DECE	ASED		7 1				2. DATE A	ND HOUR OF DEATH		
	0 6 5		PLACE IN BALT		MANA	Pol	in	9	Ha dieda d	12	-29-69		2 P. M. residence before admission)
40	s) Dec					TILLE TROIT	00140	90 01.70	IIA. SIAIE	yland	NTY	nstitution	residence before odmission)
h	0 0 0 0	HC	LL NAME OF	ADD	OT IN HOSPIT RESS OR LOC.	AL OR INST	OITUT	N, GIVE STREET	C. CITY OR		ID IN	IDE CITY	1634
5	ang cau cause; attend ior to		1		more Ci	_		ls		timore	J. 1143	YES	
		3	<i>)</i>		Eastern			224		AND NUMBER	4.3 Wass	21	205
rre	mined gular sed p	5. \$		6. RACE	more, Ma			224 NEVER MARRIED	8. DATE OF	0 Quantr	9. AGE (In years		der 1 Yr., If Under 24 Hrs.
	regu regu sasse is me	1	Male	Whi	te	WIDOWEL		DIVORCED X	5-17-1		tost birthday 57	Month	der 1 Yr. If Under 24 Hrs. Min.
, d	eterm n reg sceas	10A don	USUAL OCCU	PATION (Corking life.	ive kind of worl	108, KIND C	F BUS		11. BIRTHPL	A CE (Stote or for	reign cauntry)	12. C	TIZEN OF WHAT COUNTRY?
edi	Indet s in dec		during most of w						West	: Virgini	la		U.S.A.
P	th was in the decidisposition	13.	FATHER'S NAM		Arthur A				14. MOTHER	R'S MAIDEN NA	Myra XXXX	AVAVAV	Fincham
ANT	d; (4	15 \	Nos Deceased	E != 11	E A		19.7				myra Abut	8 A G /	
A		(Yes	,no of unknown)	(If yes, gi	ve wor ar dote	s of service)		SOCIAL SECURITY NO.	17. INFORM				ADDRESS
DRTA gssist	r fir		18. 5 7 /	C 14			26	69-12-6523		Is: BCH-49	40 Eastern	Avenu	
0 9	d d		1 6	di co	I NDITION DI	RECTLY		GROSE OF BEAT					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMI or hi	e of atte		IThis does no		TO DEATH	dutan an		(A) IMMEDIATE CAU		patic ,	usullicion	iy	10 yrs.
OR:	ctur ar bal		heart failure, a	sthenia,	elc. Il means	the disease	,	DUE TO, OR AS	A CONSEQUE	NCE OF:	00		
ECTOR:	0 0 0 E				NT CAUSES	o o o m.,			Bleed	Pilo Ca	mbageal 12	11100	,
•×e	A % o o		DISEASES OF	COND	ITIONS, if	any, giving		DUE TO, OR AS	A CONSEQUI	ENCE OF:	g raged co		
8 - 9	S Fire		rise to the UNDERLYING	CONDIT	ion last.	slaling the	9	(c)					
	burns; physicia an was remain	z			11			0 + 0	1	- 1			
A SE	burn hysican an we	ATION	OTHER SIGNIFIC TO THE DEATH DISEASE OR CO	BUT NOT	RELATED TO T	HE TERMINAL		acute Res	ral l	-aclus	1		
UNERAL chief med	\$ 20 E	IFIC/	19 A. DATE OF	PERATIO	N 198 CON	DITION FOR	WHIC	H OPERATION	20A. AUT	OPSY? (Yes or N	o) 208. IF YES, WERE IN CERTIFYING CA	FINDING	S CONSIDERED
5 5	B + th	CERTIFIC	1 2-9-	- 6	Po	rtul 1	typ	ellession-	8,	00-			
			21 A. ACCIDENT OR CONTRIBUT DEATH (notify_n	ING C	AUSE OF	ho	me, for	CE OF INJURY (e.g., in rm, factory, street, aff	ice bldg., INJ	URY OCCUR?	(It In Boltimo	e City, g	Ive exoct lacation)
ed by	×h No d b	DIC	21 D. TIME (		(Doy) (Yeor)	(Hour) 21	E INJI	URY OCCURRED	21 F.	HOW DID IN	JURY OCCUR?		
bevo		Z	OF INJURY (APPROX.)		-	w	hile At	Not While		,			
0:	2 2 2 4 1		22. I certify th	hat (I) (t	his hospital			ceased from	2- 27	1-65	19ta	12-	29 1969
4			that (I) (we) I	ast saw	the decease	d alive an.		12- 25	19(				ath accurred an the date
200	dent of ospital death) nust be				causes stat	ed abave. (	(4) (We	e) ( <del>did)</del> (d <del>id no</del> t) vi	lew the bad	y after death.			
must be	0	1	23A. SIGNATUR		10	91. 6		1117 Atter	nding [	Med.	Shoff [7]		ATE SIGNED
E	0 7 7 0		23C. PHYSICIAN	rs	h!.	Aus	111	DEGREE Phys.		Director 🔲	Staff Phys.	1	2-29-1969
rtificate	1) An a d prior approv		NAME (Typ		Gertsen,	M.D.		N.		Baltim	ore City Hos		
in the	E . P .	24A	BURIAL CREM	ATION,	248. DATE	24C. N		of CEMETERY OF CRE	MATORY	24 D. L	Avenue, Balti	y, tawn,	ar county) (State)
	D.C.		Burial		1-1-70	Jur	usa	laum Church	Cemete	ry Mill	Creek, Wes		

25A. DATE REC'D BY HEALTH DEPT. 25B. NAME, OF REGISTRAR Howard H. Hubband - 4107 Wilkens Ave-21229 VS 150-REV. 1/1/6B



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause

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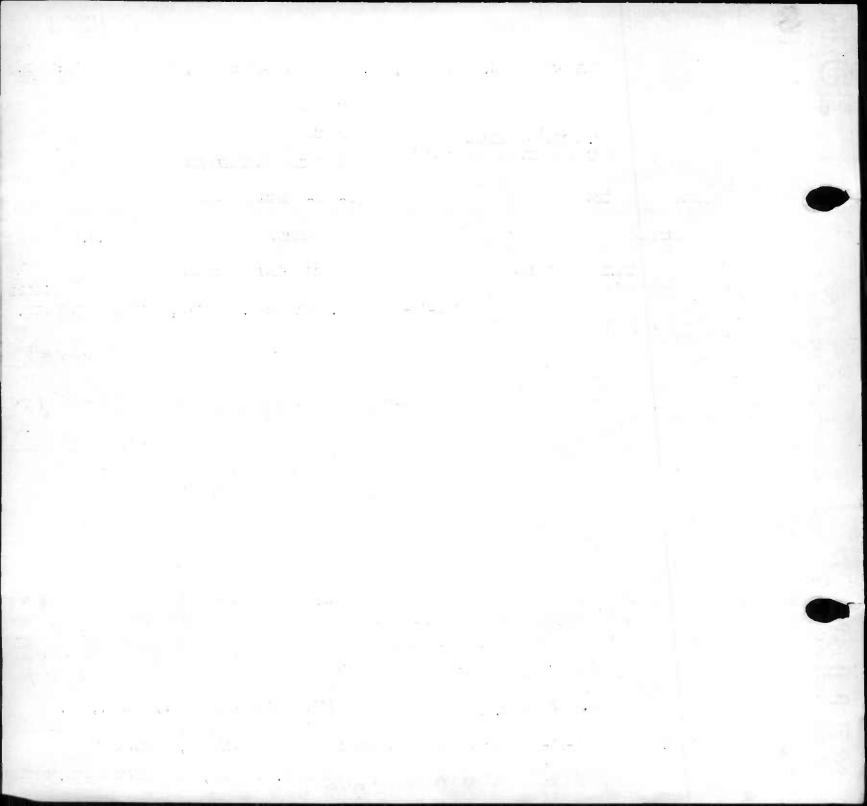
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# BALTIMORE CITY HEALTH DEPARTMENT

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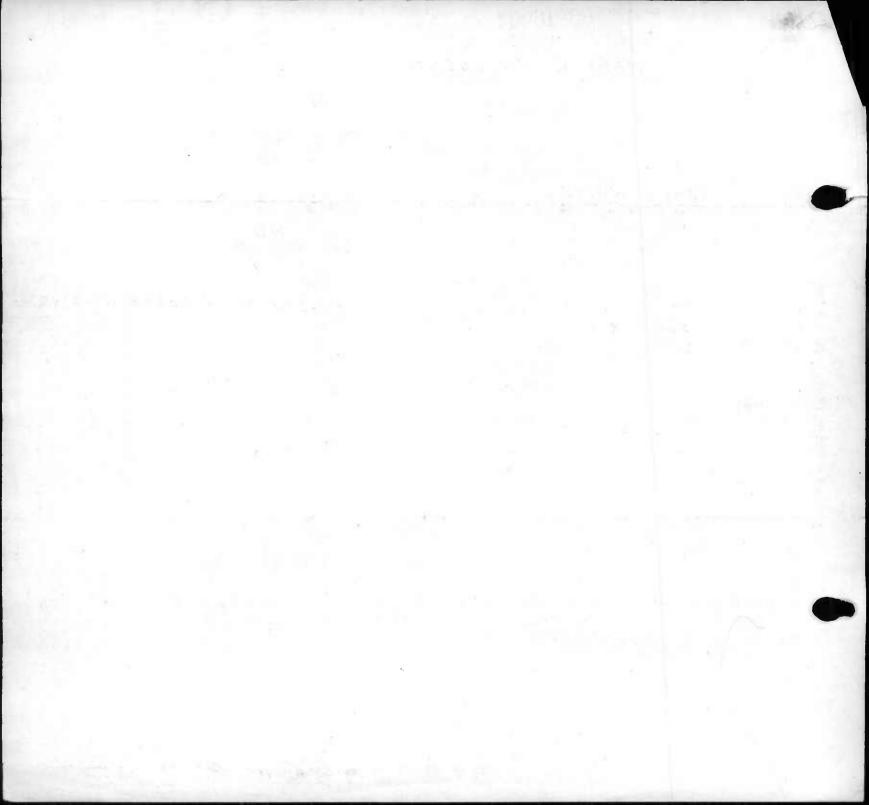
		TOOO	CERTIFICA	TE OF				
1. NAME OF DE			GAMPEDG G			HOUR OF DEAT		1 00 -
	JAMES	С		Κ.	Decemb		.969	1:20 P.M.
3. PLACE IN BA	LTIMORE, MARYLAND, 1	WHERE PRON	OUNCED DEAD	A. STATE	B. COUNTY	deceosed lived. It	institution: residence	before odmission)
FULL NAME O	F (IF NOT IN HOSPI ADDRESS OR LOC		ITUTION, GIVE STREET	MARY			25	82
IN STITUTION	Noongo on too			C. CITY OR T		D. IN	NSIDE CITY LIMITS?	
	ST . AGNES	S HOSPI	CAL		IMORE ND NUMBER		YES P	10 📗
40	CATON & W	WILKENS	AVENUES		PARKSLEY	AVENUE		
SEX	6. RACE	7. MARRIE	NEVER MARRIED	B. DATE OF		AGE (In years	If Under 1 Yr.	It Under 24 Hrs.
MALE	WHITE	WIDOWE	D DIVORCED	5- 4	- 1921	48	Williams Doy's	170013
	CUPATION (Give kind of world working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLA	CE (State or foreign	country)	12. CITIZEN OF	WHAT COUNTRY?
BUTCH		1			MARYLAND		II C	٨
3. FATHER'S N.					S MAIDEN NAMI		U.S.	A
	WILLIAM SA	ANDERS			ENEVIEVE	TOLLE		
5. Was Decease	ed Ever in U. S. Armed Fo	orces?	1 6. SOCIAL	17. INFORMA		TOPTE	ADDRE	\$\$ 01000
Yes, no of unknov	(If yes, give wor or dot	tes of service						21223
NO					RGARET M.	SANDERS,	1022 PARKS	LEY AVE
18.7	2.36		CAUSE OF DEAT	H		1		ONSET AND DEATH
DISE	ASE OR CONDITION D				1 0/	lean 1	/ /	/
IThis does	LEADING TO DEATH		(A) IMMEDIATE CAL	USE CO-C	May 1	701160	1094 3 /	2
	not mean the mode o , asthenia, etc. It mean			A CONSEQUEN	ICE OF:			
	implication which cause		. )			0 . 0		
	ANTECEDENT CAUSE	S	(0) / Au	Benty.	answ.	(0)	. 3 -	-> cmo
DISEASES	OR CONDITIONS, if	any, givin	g (B) DUE TO, Of AS	A CONSEQUE	NCE OF:			71-
	he obove couse (A) NG CONDITION lost.	) stoting th						
ONDEKLIII			(C)					
Z		O A LEDICALITA LA						
	IFICANT CONDITIONS CO ATH BUT NOT RELATED TO							
C DISEASE OR	CONDITION GIVEN IN PA		WHICH OPERATION	[20 A. ALLTO	DPSY? (Yes or No)	20B. IF YES WED	RE FINDINGS CONSID	DERED
O	WAS PE	RFORMED	WINCH O'LKAHON	7010		IN CERTIFYING	CAUSES OF DEATH?	
U 21A, ACCID	ENT WAS UNDERLYING		B. PLACE OF INJURY (e.g.,	in or obout 21 C	WHERE DID	(If in Baltin	nore City, give exoct lo	cotion
_ OR CONTRI	BUTING CAUSE OF	- h	ome, form, foctory, street, o	ffice bldg., INJ	URY OCCUR?	100 III DOINI	S SILA! BILE EVOCI IC	, e- ment
U	fy medical examiner)							
OF INJURY	(Month) (Doy) (Yeor)		E. INJURY OCCURRED		HOM DID INTUI	RY OCCUR?		
(APPROX.)			Vhile At Not While Vork At Work		-			
	1 (1) ( 1 , 1 , 1 , 1 , 1		the deceosed from		- t 10	49. 9	1-127	1069
22 Lanetil					9	10	had to the state of the state o	
						in(mv) (our) o	ppinian death accu	rred on the dote
that (I) (we	e) lost saw the deceos			,				
that (1) (we	e) lost saw the deceos		(I) (We) (did) (did nat)	,				
that (I) (we	e) lost saw the deceos		(I) (We) (did) (did not)	view the bady			23 B. DATE SIGNE	
that (1) (we	e) lost saw the deceos		(I) (We) (did) (did not)	view the bady	ofter deoth.	aff		
ond hour a 23A. SIGNAT	o) lost saw the deceos and from the causes sto		(I) (We) (did) (did nat)	view the bady	ofter deoth.			
ond hour a	o) lost saw the deceos and from the causes sto	ated above.	(I) (We) (did) (did not)	ending San Address	Med. Si Director Ph	raff	23 B. DATE SIGNE	7/69
ond hour a 23A. SIGNAT (23C. PHYSIC NAME	o) lost saw the deceos and from the causes sto URE ANS (Type) DR. JO	OHN C.	(I) (We) (did) (did not) of the phy of the p	ending 23D. ADDRESS	Med. Si Prector Precto	off.   ERICK AVE	23B. DATE SIGNE	7/67 MD:
ond hour a 23A. SIGNAT (23C. PHYSIC NAME	o) lost saw the deceos and from the causes sto TURE  ANYS (Type)  DR. JO  EMATION, [248, DATE	OHN C.	(I) (We) (did) (did not)	ending 23D. ADDRESS	Med. Si Director Ph	off.   ERICK AVE	23 B. DATE SIGNE	7/67 MD:
that (I) (wo and hour a 23A. SIGNAT 23C. PHYSIC NAME	o) lost saw the deceos and from the causes sto TURE  ANYS (Type)  DR. JO  EMATION, [248, DATE	OHN C.	(I) (We) (did) (did not) of the phy of the p	ending 23D. ADDRESS 332	Med. Si Prector Prector 25 FREDI	ERICK AVE	23B, DATE SIGNE  / 2 / 2 /  BALTO . ,  (City, town, or county)	7/67 MD:
that (1) (we ond hour a 23A. SIGNAT (23C. PHYSIC NAME)	DR. JO	0HN C. 24C. 69 LC	POUND OF CEMETERY OF CR	ending S. 23D. ADDRESS 33: EMATORY	Med. Si Prector Prector 25 FREDI	off.   ERICK AVE	BALTO,  (City, town, or county)	7/67 MD:

VS 150-REV. 1/1/68



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

69 12004	BALTIMORE CITY	HEALTH DEPARTMENT		00 40004
00 10004	CERTIFICA	TE OF DEATH	REG. NO	69 13004
BIRTH NO. MARY POSEDEN	VTI		D HOUR OF DEATH	
(Type or Print) MARY C. POS	EDENTI	12-	29-69	16:40 A.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRON	OUNCED DEAD	A. STATE B. COUNT	e deceosed lived. If i TY	nstitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INST HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	TITUTION, GIVE STREET	C. CITY OR TOWN		SIDE CITY LIMITS?
46	(	Balt. Md,	51511	YES NO
CUTHERAN HOSPITAL	OF MARYLAND	E. STREET AND NUMBER 400W 23	Street.	
5. SEX 6. RACE 7. MARRIE	D NEVER MARRIED		ost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
FEMMLE WHITE WIDOWE	DIVORCED	2-22-94	75	
tOA, USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
done during most or working life, even if refired)		MD		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	A E	
		?	)	
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service	SECURITY NO.	ELIZABETH M	1ANN 312	3 CRITTEN DENTENCE
18.403 X I	CAUSE OF DEAT	Ĥ		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY				
LEADING TO DEATH	(A) IMMEDIATE CAL	ISE NEPHROSCL	EROSIS	~~ ========
(This does not meon the mode of dying, e., heart foilure, asthenia, etc. 11 means the diseas	g., DUE TO, OR AS	A CONSEQUENCE OF:		
injury or complication which coused death.)	27714070	one in		
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if any, givin	'9	A CONSEQUENCE OF:		
rise to the obove couse (A) slotting the UNDERLYING CONDITION lost.	he (C)			
11	\\\-/**********************************			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	G			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART 1 (A).				
19A. DATE OF OPERATION 19B. CONDITION FOI WAS PERFORMED	R WHICH OPERATION	20 A. AUTOPSY? (Yes or No.)	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
OR CONTRIBUTING CAUSE OF	1B. PLACE OF INJURY (e.g., ome, form, foctory, street, o	n or about 21C. WHERE DID INJURY OCCUR?	(If In Boltimo	re City, give exact location)
<u>U</u>		215 HOW DID IN I	Inv. O called	
OF INJURY	TE. INJURY OCCURRED  While AI Not While	21F. HOW DID INJU	JRY OCCUR:	
	Work At Work			
22. I certify that (I) (this haspital) attended	the deceased from	12-23 1	9 69 to 1-	2 - 29 1969
that (i) (we) last saw the deceased alive an	12-29	19.69 and the	at in (my) (our) op	inion death occurred on the dote
and hour and from the causes stated above.	(I) (We) (did) (did not) v	riew the body after death.		
23A. SIGNATURE	2			23B. DATE SIGNED
Westite & Samo	MD AH	ending Med. Director	Shaff Phys.	12-29-69
23C.PHYSICIAN'S	. DEGREE	23D. ADDRESS	rnys. —	
NAME Typel		7200 1.16	La Ct 1	Rolf Md
VIOLETAR, GAMARR 24A. BURIAL CREMATION, 124B. DATE 124C.	NAME OF CEASETERY OF	130 MJNOUY	CATION C	ity town or country (St.)
REMOVAL (Specify)	YEW CATH	EMATORY 24D. LC		City, town, or county) (State)
UVATAL			0.,-	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAMI	E OF REGISTRAR	25C. FUNERAL DIRECTOR	11 0	ADDRESS .
	10 0 0 0 -	B. holkling	W475-12131	15 Chestric fire.
JAN 2 19/0 14 64 EMa	Ben 31.20 0 1	Buly Edhia	wetter fe 13	615 Chistuit fee



a hospital

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

			BALTIMORE CIT	Y HEALTH DEPARTMENT		69 13005
0.0711.010	69 :	13005	CERTIFICA	ATE OF DEATH	REG. NO	09 19009
BIRTH NO.  1. NAME OF DECE (Type or Print)	Morris A	, 00	fit	2. DATE A	NO HOUR OF DEATH	169 8:05 P
3. PLACE IN BALT	IMORE, MARYLAND, W	HERE PRONOUNCED	DEAD	4. USUAL RESIDENCE (Who		nstitutions residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION	7/2/ Park H	at or institution, ation, leights Ave -		C. CITY OR TOWN  BALTIMORE  E. STREET AND NUMBER  PARK TOWERS WI		SIDE CITY LIMITS?  YES NO   NO
5. SEX Male	6. RACE	7. MARRIED NE	DIVORCED	8. DATE OF BIRTH 7-12-89	9. AGE (In years lost birthdoy) 80	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
	IPATION (Give kind of work vorking lite, even if retired)	10B, KIND OF BUSIN	NESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTR
EXECUT	IVE	MANUFACT	URE	RUSSIA		USA
13. FATHER'S NAM	A E			14. MOTHER'S MAIDEN NA	ME	
	IN OFFIT			SARAH ROSEMAN		
(Yes, no or unknown)	Ever in U. S. Armed For- (If yes, give war or date	s of service) SI	ocial ecurity no. 1-26-69.\$5	Mrs. LENA L. O	FFIT 7121 P	towers West, Apt. 60 ARK HGTS AVE. #15
UN DERLYING  OTHER SIGNIFI TO THE DEATH	R CONDITIONS, if abave cause (A) CONDITION last.  II ICANT CONDITIONS CO. H BUT NOT RELATED TO	stating the  NTRIBUTING HE TERMINAL	(c)	S A CONSEQUENCE OF:	ol 20R IF YES WEBE	FINDINGS CONSIDERED
	WAS PERI	spected ca	9	11	IN CERTIFYING C	
About 2	IT WAS UNDERLYING TING CAUSE OF	21 B. PLAC home, farn	E OF INJURY (e.g.,	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?		ore City, give exact location)
21A. ACCIDEN OR CONTRIBUTED DEATH (naily) 21D. TIME OF INJURY (APPROX	TING UNDERLYING TING CAUSE OF medical examiner) (Month) (Doy) (Year)	(Hour) 21E. INJU While At	RY OCCURRED  No! Wh At Work	office bldg., INJURY OCCUR?	(If in Boltime	ore City, give exact location)
Down 2 1 A CIDEN OR CONTRIBUTED OR CONTRIBUTED OF INJURY (APPROX.)  22. 1 certify that (1) (we)	that (I) (this hospital	(Hour) 21E. INJU While At Wark ) attended the dead alive an	E OF INJURY (e.g., n, foctory, street, of the stree	21 F. HOW DID IN	JURY OCCUR?  19 to hot In(my) (aur) ap	ore City, give exact location)
DOWN TO THE OF INJURY (APPROX)  22. I certify that (I) (we) and haur and 23A. SIGNATUR  23C. PHYSICIAL	that (I) (this hospital last saw the decease from the causes state	(Hour) 21E. INJU While At Wark ) attended the dead alive an	RY OCCURRED  No) Wh At Work  ceosed from  (did) (did) (did)	21F. HOW DID IN  ile   Med.   Med.   Med.   Med.   In the state of the s	JURY OCCUR?  19 to hot In(my) (aur) ap	ore City, give exoct location)
21 A. ACIDEN OR CONTRIBUTED OF INJURY (APPROX)  22. 1 certify that (I) (we) and haur and 23A. SIGNATURE	that (I) (this hospital last saw the decease from the causes state	(Hour) 21E. INJU While At Wark ) attended the dead alive an	RY OCCURRED  Not Wh At Work ceased from (did) (dthe of)	21F. HOW DID IN  ile  21F. HOW DID IN  ile  22F. HOW DID IN  ile  22F. HOW DID IN  ile  22F. HOW DID IN  ile  24F. HOW DID IN  ile	(If in Boltimo	ore City, give exact location)  12/29/1969  Inion death accurred on the da
DOWN TO THE OF INJURY (APPROX)  22. I certify that (I) (we) and haur and 23A. SIGNATUR  23C. PHYSICIAL	that (I) (this hospital last saw the decease from the causes star RE	(Hour)  (Hour)	RY OCCURRED  Not Wh At Work  Ceased from  DEGREE  CEMETERY of CI	21F. HOW DID IN  ile   21F. HOW DID IN  ile   22F. HOW DID IN  22F. HOW DID IN  22F. HOW DID IN  ile   22F. HOW DID IN  22F. HOW DID IN	JURY OCCUR?  TOtahat In(my) (aur) ap  Staff Phys.   Medical Ce	ore City, give exoct location)  12/29/1969  inion death accurred on the da

12-31-69 HEALTH DEPT. 25 BETH EL

25B. NAME OF REGISTRAR

25B. VALUE AS Burial 25A. DATE REC'D BY 2 1970 150

ADDRESS REISTERSTOWN RD. BROS. 6010

VS 150-REV. 1/1/6B

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VS 150-REV. 1/1/68

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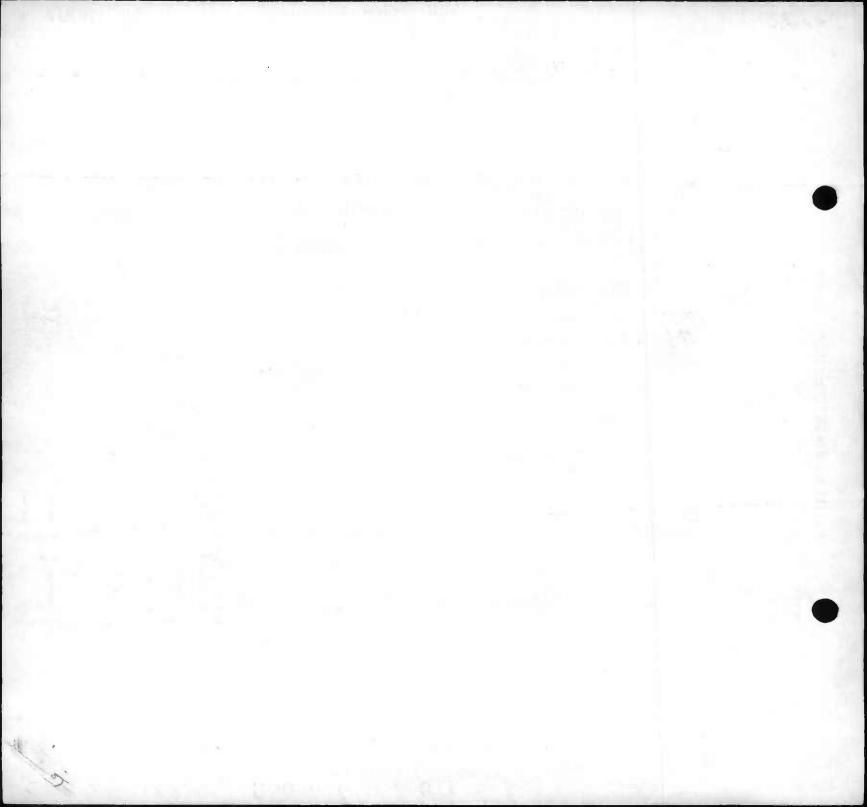
### BALTIMORE CITY HEALTH DEPARTMENT

REG.	NO.	69	1	3	0	0	6
	140.		ALC: THE	_	_		400

	BIRTH NO. DE LOUD CERTIFICA	TE OF DEATH REG. NO. 03 1000
	1. NAME OF DECEASED (MIZVINSKY)	2. DATE AND HOUR OF DEATH
	LOCO MEZVINSK	V. 12/36/68, 13.30 Am
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE  B. COUNTY  A. STATE
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	MARY (AW) 2831
1	INSTITUTION	RALTIMORE VEST NOT
4	2	E. STREET AND NUMBER
	SINAI HOST.	6612 EBERLE DR #1
	5. SEX ALE 6. RACE WIDOWED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost birthday) If Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.
ı	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	ough maland	Busines 918A
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Unknown	Unknown
d	15. Was Deceased Ever in U. S. Armed Forces? (Yes no or unknown) (If yes, give wer or dotes of service) SECURITY NO.	17. INFORMANT 3818 FOODS any
	910 g12-01-6258	My Molie Zacanaky Got 203 #45
	18. 427.0   CAUSE OF DEATH	
H	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CHESTING ICANT QD 2.6
IJ	This does not mean the made of dying, e.g., (A) IMMEDIATE CAU	SE CONGRISTIVE HEALT 8 DAYS
	heart failure, asthonia, etc. Il means the disease, injury ar camplication which caused dooth.)	A CONSEQUENCE OF: FAILURE.
	ANTECEDENT CAUSES	
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:
	rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	
	11	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	NEUMONIA.
-	DISEASE OR CONDITION GIVEN IN PART 1 (A).  1994-DATE OF OPERATION 1985 CONDITION FOR WHICH OPERATION	
	WAS PERFORMED	20A. AUTOPSY? (Yos or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
П	OR CONTRIBUTING CAUSE OF home, form, foctory, street, of	or about 21 C. WHERE DID (If In Boltimore City, give exact location)
	DEATH (notify medical exominer) etc.)	
	21D. TIME (Month) (Day) (Yearl (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	(APPROXI While At Work At Work	
	22. I certify that (1) (this haspital) attended the deceased from	12/22/8/19 10 12/30/8/19
	that (1) (we) last saw the deceased alive an 12/35)	f 19 and that in (my) (aur) apinian death accurred on the date
I	and hour and from the causes stated above. (1) (We) (did) (did hat) vi	ew the body after death.
I	23A. SIGNATURE	23B, DATE SIGNED
	DEGREE Phys.	
	23C. PHYSICIAN'S NAME (Type)  2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Dinai Hraital
	24A. BURIAL CREMATION, 24B. DATE 24G. NAME OF CEMETERY OF CRE	MAYORY CO. 1010
H	REMOVAL (Specify)	e pot totale
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	OSC FUNITRAL DISPOSED
	JAN 2 1970 Best & Jacker M. D.	619: 200
16	VS 150-REV 1/1/49	a Det derunson y (Bros. (Kentenstein Xd).

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

		0000	BALTIMORE CITY	HEALTH DEPARTMENT		69 13007
BIRTH NO.	69 1	13007	CERTIFICA	TE OF DEATH	Registered No.	09 1000
M.E. CASE	NO. DE DECEASED		011111111		AND HOUR OF DEATH	
(Type or Pri		DAVIS			2/27/69	5-37 Pm.
3. PLACE	OF DEATH IN BALTIMORE, MARY	LAND		4. USUAL RESIDENCE (WA. STATE B. CO	here deceased lived. If in	stitution: residence befare admission)
				mp	BALT.	1301
HOSPITA		institution, give	e street	C. CITY OR TOWN (IF		RURAL and give township)
INSTITU'				BALTIMO		and the same give to the same,
-X M	1D. GENERAL	HOSP.		1	(If rural, give location)	
0.				2401	ELTAW F	PL .
5. SEX	6. RACE   7	. MARRIED, N	EVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.
m	W		DIVORCED (specify)	10/15/95	last birthday)	Manths Days Hours Min.
done during	OCCUPATION (Give kind of work ) most of working life, even if retired)	OB KIND OF BE	USINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
Cone Conng	resision	_		OHO		USA
13. FATHER				14. MOTHER'S MAIDEN N		
	NATHANIEL	DAVIS		11	LUE MAE	ROSS
15. Was De	eceased Ever in U.S. Armed Force	af sawisa)	SECURITY NO.	17. INFORMANT		ADDRESS
as h	?	1	68-18-4907 A	PREU.	ADMISSION	
18.	in			F DEATH		INTERVAL BETWEEN
4	DISEASE OR CONDITION DIRE	CTLY				ONSET AND DEATH
	LEADING TO DEATH	CILI	6	ISOUD -	Seulle	
	does not meen the mode of		DUE TO	Sculum pot	h lawer out.	
	foilure, osthenio, etc. It means to or complication which coused d					
	ANTECEDENT CAUSES		(B)	EREBRAL U	ASCULAR	
DISEA			DUE TO DI	SEASE T.	SENILE	
	ISES OR CONDITIONS, if or to the obove couse (A) is		(C)	DRMENTIA		
UNDE	RLYING CONDITION Iosi.			wa aaw 9999 a 90 0 a 0 0 0 a 0 0 0 0 0 0 0 0 0		
	II					
O OTHE	R SIGNIFICANT CONDITIONS CO THE DEATH BUT NOT RELAT	NTRIBUTING				
A DISEA	SE OR CONDITION CAUSING IT.	_	-			
19A. D. 21A. A	ATE OF OPERATION 198. CONDI	RMED	ICH OPERATION	20A. AUTOPSY? (Yes or	No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
	CCIDENT WAS UNDERLYING	21B, PL	ACE OF INJURY (e.g.,	n al about 21C. WHERE DID	(If in Baltimar	e City, give exoct location)
A DEATH	NTRIBUTING CAUSE OF (natify medical examinet)	etc.)	faim, factory, street, o	ffice bldg., INJURY OCCUR		
DEATH	ME (Month) (Day) (Year)	(Hour) 21E IN	JURY OCCURRED	21E HOW DID	INJURY OCCUR?	
2 01 114	JURY	While			INJURY OCCUR:	
(APPRO	OX.)	Work	Al Work			
22. 1	certify that (1) (this hospital)	ottended the	deceosed from	12/5/69	19ta	12/27/69 19.
			12/27	19 69 and	that in (my) (our) opi	nion death occurred on the date
	our and fram the causes state		,			
	GNATURE			,		23B, DATE SIGNED
	m. 7. Whitus	oith	M.D. Att	ending Med. S. Director	Stoff Phys.	12/27/69
23C. PH	TYSICIAN'S AME (Type)	71.2007		23D. ADDRESS	GEN. HO	92
		TWORT				
REMO	AL CREMATION, 24B. DATE	24C. NAM	TE of CEMETERY of CR	EMATORY 24D	LOCATION (C	ity, tawn, ai county) (State)
Du	A /31/60	9 200	no Sterne.	transling 1	Solon B	urale, had.
25A. DATE		SB. NAME OF	REGISTRAR	25C FUNERAL DIRECT	194	ADDRESS
	JAN 2 1970	30.00	Jaben M.D	tobe 1	MIMM Y	Am - Chin
VS 150-RE	V. 1/1/65	7 1	9 0 4	1/0 0/1	1)	
		100		00 2 2/12	mark.	



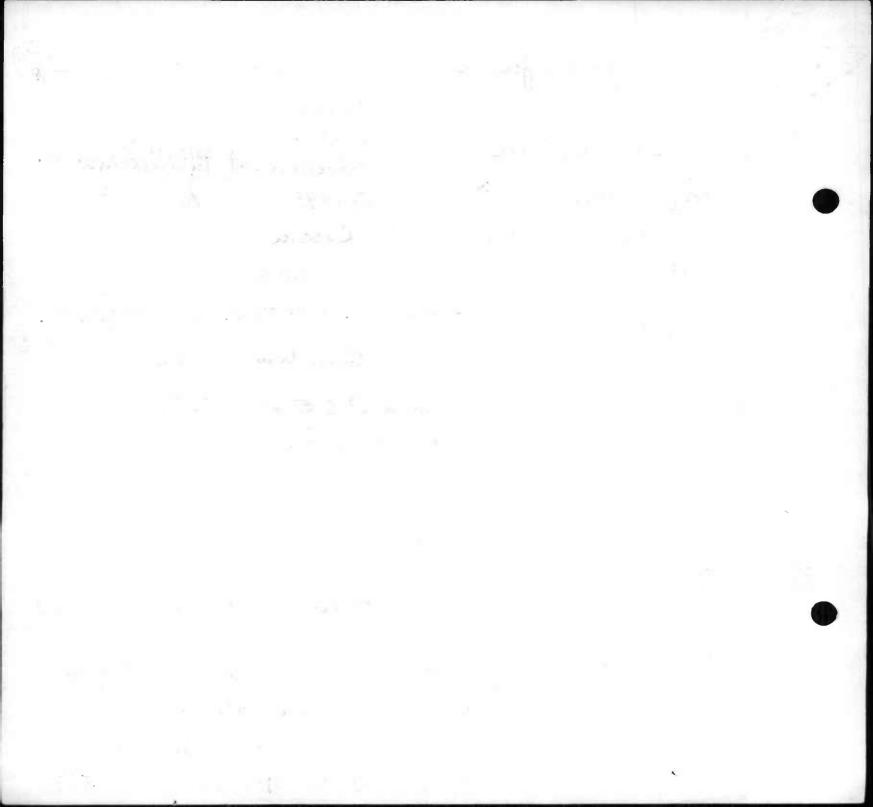
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 1	Λ	1

ORE CITY HEALTH DEPARTMENT

13008 69

BIRTH NO. CERTIFICA	ATE OF DEATH REG. NO.
1. NAME OF DECEASED Jacob Jacobs	12 /27 /69 12.05 MM
3. PLACE IN BALTIMOR MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)  A. STATE  B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION	Mary Caud  C. CITY OR TOWN  D. INSIDE CITY LIMITS?
Siusi Hospital	E. STREET AND NUMBER  BOLLING APT. B
5. SEX   6. RACE   7. MARRIED NEVER MARRIED	I. B. DATE OF BIRTH
MAKRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years of Under 1 % of Under 24 Hrs. Months: Doys Hours Min.
PROPRIETOR LEATHER	11. BIRTHPLA CE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ISAAC JACOBS	ANNA ?
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war at doles of service) SECURITY NO.	17. INFORMANT ADDRESS
NO 218-32-2336	MRS. BESSIE JACOBS, 3315 CLARKS LANE, APT. B
18.4/8,41 CAUSE OF DEA	TH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH  (This does not mean the mode of dying, e.g.,  (A) IMMEDIATE CA	LUSE Gran Répatice Sepsis
injury or complication which sound double	
ANTECEDENT CAUSES SUCCE	c 2° to E. Gli U.T. I.
DISEASES OR CONDITIONS, if any, giving  (B)  DUE TO, OR A	S A CONSEQUENCE OF:
rise to the above cause (A) stating the UNDERLYING CONDITION last. (C) A. S.	C.U.D.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
U 19A DATE OF OPERATION LIGH CONDITION FOR WHICH OBERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
	IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING   21& PLACE OF INJURY (e.g., hame, form, factory, street, of DEATH (notify medical examine)	in or about 21 C. WHERE DID (If In Baltimore City, give exact location) affice bldg., INJURY OCCUR?
OF INJURY (Month) (Doyl (Year) (Haur) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.I While At Not Whi	
22. I certify that (1) (this hospital) attended the deceased from	12/16 1968 to 12/27 1968
that (1) (we) last saw the deceased alive on	and that in(my) (our) apinian death occurred on the date
and hour and fram the causes stoted abave. (1) (We) (dld) (dld not)	
23A. SIGNATURE	23R DATE SIGNED
pscess Phy	ending Med. Staff Director Director Phys. \( \overline{\Omega} \)   12/27/69.
23C. PHYSICIAN'S NAME (Type) Corlos R. Perel	Sivai Hospitah
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	
BURIAL IN-8/69 AITZ CHAINS	CONG WASHINGTON BLUD ADDRESS 24 1975 M
JAN 2 1970 P. S. S. Jabo M.D.	SOL DEWINDON + BROS GOID REIST, RD
VC 100 05V 1/1//0	



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

VS 150-REV. 1/1/68

69 13009

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

REG. NO.	69	13009
	70	

BIRTH N 1. NAM (Type or	E OF DECEASED		ine ROSENBERG	TE OF D	2. DATE AN	D HOUR OF DEATH		
				TA HEHAL DES	12/28	169 8 1 an		M sidence before odmission)
FULL N	AME OF (IF NOT	O JATIGON NI	PRONOUNCED DEAD R INSTITUTION, GIVE STREET	Karyle	and and	TY		2740
INSTITU		SS OK LOCATION	mintal	C. CITY OR TO		D. IN:	SIDE CITY LIN	
The 1	lugar Mein	erral ru	sporac	E. STREET ANI	D NUMBER		YES	NO
88	sheet.			3409	Devon	shire Rd		
FEN	WE White		ARRIED NEVER MARRIED DOWED DIVORCED	B. DATE OF BIE	9-'95	9. AGE (In years lost birthdoy)	If Under Months	
	JAL OCCUPATION (Giving most of working life, ex		KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLAC	E (State or forei	gn Country)	12. CITIZE	EN OF WHAT COUNTRY
/	COXXX HOUSEW		AT HOME	PXXXXXX	A	LA, PA.	<b>***</b>	XXXXXX USA
3. FATI	brakeny.	Roxnberg		14. MOTHER'S		XXXX JENNI	Ε ω. ω	ILFSON
S. Wos Yes, no	Deceosed Ever in U. : or unknown) (If yes, give	S. Armed Forces? wor or dotes of :	Security NO.	M. Lon	T	8206	ANITA	
ERTIFICATION VOI	DISEASE OR CON LEADING  is does not mean the int failure, asthenio, el iny ar camplicotion with ANTECEDEN LEASES OR CONDITION DERLYING CONDITION LEASE OR CONDITION OF LEASE OR CONDITION OF LEASE OR CONDITION OF LEASE OR CONDITION OF LEASE OR CONDITION OR LEASE OR CONDITION OF LEASE OR CONDITION OF LEASE OR CONDITION OR LEASE OR	e made of dyin ic. Il meons the o hich caused death AT CAUSES FIONS, if any, cause (A) sloti DN lost,	g, e.g., diseose, h.)  giving giving ng lhe  (C)	A CONSEQUENCE A SCONSEQUENT	CE OF:	JOR OF YES, WERE IN CERTIFYING C.	AUSES OF D	CONSIDERED EATH?
OR	CONTRIBUTING CA	USE OF	home, form, foctory, street, cetc.)			(11 11) 00111111	ne Chy, give	exect toconon,
Q 21 D	TIME (Month) (I	Doy) (Year) (Ho			IOM DID INT	URY OCCUR?		
< (AP	PROX.)		While At Work				, 5	
			ended the deceased from 12				128	1909
	t (1) (we) last saw t			,		at in (my) (aur) ap	inlan death	h occurred an the date
	haur and from the	causes stated a	bave. (1) (442) (did) (did not)	view the bady	atter death.		23 B, DATE	SIGNED
	Stoo	en Kan	GEGREE Phy	/s.	Med. Director	Staff Phys.	12/2	8 169
	DAME DYPP DA	W. KAMMEN	DEGREE DEGREE	THE WI	THE NAME	MORIAL H	OSB.ITA	<u> </u>
24A. BU RE	MOVAL (Specify)		24C. NAME of CEMETERY of CR		24D. Le	OCATION I	City, town, or	county) [Stote]
2SA. DA	URTAL TE REC'D BY HEALTH		HEBREW FRIENDSH	IP 2SC. FUNER	AL DIRECTOR	BALTO. ST	•	MARYLAND
	JAN 2	19/0 166	ent E. Faben M.D.	SOLAT	MOZNEY	& BROS. 60	10 RETS	STERSTOWN RD.

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This certificate must be approved by the chief medical examiner or his assistant if death

the body was released to the hospital by a medical

was D.O.A. at a hospital (except where the physician who pronounced death

occurred in a hospital

if the direct or contributing cause

Also,

examiner.

12010 shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such and of death was in regular attendance on the

BALTIMORE CITY HEALTH DEPARTMENT

13010 69 REG NO

BIRTH NO.	03	TOOTE	CERTIFICA	VIE OF DI	EATH			
INAME OF DE	CEASED	0	choenen	10	2. DATE AND	HOUR OF DEATH	1.0	-10
(Type or Print)	Unse	l s	moenen	,	12	- 27-	1	3- P
3. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONOL	NCED DEAD	4. USUAL RESID	B. COUNT	deceased lived. II	institution; resid	dence before admission
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	TION, GIVE STREET	m and	Lamal			2720
HOSPITAL OR	ADDRESS OR LOCA		,	C. CITY OR TON	/N	D. IN	SIDE CITY LIMI	TS?
				Bost	9.		YES	NO 🗌
00	IMPERIAL APA	ARTMENTS	, APT. C	E STREET AND	NUMBER	0 . 0	Penha	the spour
00				morn		2-601-01	, Clar	rodane 15
SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRT	1.	. AGE (In years ost birthday)	Months D	Yr. II Under 24 Hr
MALE	WHITE	WIDOWED [		12-27-7		90		
	CUPATION (Give kind of world working lile, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreig	n country)	12. CITIZEN	OF WHAT COUNTS
RETIRE	D	MAN	UFACTURING	BALTI	MORE. M	ARYLAND	US	A
3. FATHER'S NA	AME			14. MOTHER'S	MAIDEN NAM	E		
JACOB .	SCHOENEMAN			FANNI	E WURTZ	BURGER		
5. Wos Deceose	d Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT			DADY A	DDRESS FICUTO AUT
NO	(If yes, give war or date	s or servicer	SECURITY NO.	UDC TAN	TEEEE	CON NITTE		EIGHTS AVE,
18. / /	5 5 1		CAUSE OF DEAT	MRS. JAY	JEFFER	SON MILLER		APPROXIMATE INTERVAL
4	ASE OR CONDITION DI	DECTLY	0 0	1 11	0 1	41.	BET	WEEN ONSET AND DEA
Discr	LEADING TO DEATH	ALC ILI	Engely	e Hearth Ja	ulup Z H	tale Tulyrope	u Weing	3day D
	not meen the made of		(A) IMMEDIATE CA	A CONSEQUENCE	OF:			T/
	ı, osthenio, etc. 11 meons ımplicolian which caused		1.0		00	01	2	
	ANTECEDENT CAUSES		10 Huberton	Les alteria	derdir la	rkin ascular l	di Repre	10 years
	OR CONDITIONS, if		DUE DO OR AS	A CONSEQUENC	E OF:		, W	
	he abave cause (A)	slaling the	(c) Tenero	leged Certi	erior eles	wes		25 gears
	II		(5/	7				
O OTHER SIGN	IFICANT CONDITIONS CO	NTRIBUTING		Misaus			1	1 Sau
= 10 THE DEA	ATH BUT NOT RELATED TO T CONDITION GIVEN IN PAS			menna				· way
U 19A. DATE C		IDITION FOR V	VHICH OPERATION	20 A. AUTOPS	Y? (Yes or No)	20B. IF YES, WER	E FINDINGS CO	ONSIDERED
OR CONTRI	ENT WAS UNDERLYING [ BUTING [] CAUSE OF	hom	PLACE OF INJURY (e.g., e, form, foctory, street,	in or about 21 C. W office bldg., INJURY	HERE DID	(If in Boltim	are City, give e	exact location)
١	ly medical examiner	etc.)						
21D. TIME OF INJURY	(Month) (Day) (Year)		INJURY OCCURRED		DIN DID INT	IRY OCCUR?		
(APPROX.)		Whi	le At Not Whi			2		
22. I certif	y that (I) (this haspita	l) attended th	ne degrased from	Movembes	10 1	9.69 to Dec	enter):	27 1969
	e) lost sow the decease		Una least of	70	and the	t in (my) (aur) a	pinian death	accurred an the de
and hour a	nd fram the causes sto	ted above. (I		1	fter death.		200	
23A. SIGNAT		1) 0					23B. DATE	SIGNED
ft.	15 of any tring	al del	Phy		ed.	Staff Phys.	Donne	her on rala
23C. PHYSIC	IAN'S	Mort	DEGREE	23D. ADDRESS		1173.	MICHALL	My 411101
NAME		) FF			AN APPRO	40		
H. W	ILLIAM PRIMAKO		DEGREE				City, town, or	county) (Stote)
REMOVAL	(Specify)				-		100	-61
BURIAL	12-29-0		LTIMORE HEBRE			LAIR ROAD,	MARYLA	
	AN 9 1970	2SB. NAME C	Registrar		AL DIRECTOR			TEDETANN DE
		committee and the first						

VS 150-REV. 1/1/68

Bes E. Jaser A

2SC. FUNERAL DIRECTOR & BROS. 6010 REISTERSTOWN ROAD 3601 6 larks La.

-7-7:-21

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VS 150-REV. 1/1/68

69 1	3011
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### BALTIMORE CITY HEALTH DEPARTMENT

69	1	3	0	1	1
00	-	-	-	-	

6010 REISTERSTOWN ROAD

	BIDTH NO CERTIFICA	TE OF DEATH				
	BIRTH NO.	2. DATE AND HOUR OF DEATH				
	(Type or Print)	1.5				
1	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	12.27.69 AM				
	WHERE PRONOUNCED DEAD	A. STATE B. COUNTY				
1	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	3 MARYLAND 27/6				
	HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?				
1		RAITTHADE YES V NO				
4	2 SINAI HOSPITAL of BALTIMORE	E. STREET AND NOMBER				
	The state of one intolling	3404 Royce Ave. 21215				
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF RIPTH				
	h/ N/E   / /UTTE   = = = = = = = = = = = = = = = = = =	Months; Doys Hours; Min.				
1		EEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
	done during most of working life, even if retired)	11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY				
	PROPRIETOR RETIRED GROCERY STORE	RUSSIA USA				
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
١	ZEV SHAPIRO	UNKNOWN				
	15. Was Deceased Ever in U. S. Armed Forces?					
l	(Yes, no or unknown! (If yes, give wor or dotes of service)	17. INFORMANT ADDRESS				
ľ	NO ≥ E	MR. SYLVAN SHAPIRO, 3405 A. COURTLEIGH ROAD				
1	18. 410 SINGLE CAUSE OF DEATH	APPROXIMATE INTERVAL				
ľ	DISEASE OR CONDITION DIRECTLY	ESTIVE HEART FAILURE /				
ľ	LEADING TO DEATH					
	(This does not mean the mode of dying, e.g., DUETO, OR AS A heart foilure, asthenia, etc. It means the disease,	CONSEQUENCE OF:				
	injury or camplication which caused death.)					
	ANTECEDENT CAUSES ARTER	210SCLEROTIC HEART DISEASE)				
ľ		A CONSEQUENCE OF:				
H	DISEASES OR CONDITIONS, if any, giving the DUE TO, OR AS A	A CONSEQUENCE OF:				
	UNDERLYING CONDITION last. (C)	200000000000000000000000000000000000000				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	E B T 2 0 0 1/2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	ERTROCHANTERIC HIP E 14 Leys.				
II	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION WAS PERFORMED  NONE  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  B JNTE  L NTE  WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED				
	NONE	IN CERTIFYING CAUSES OF DEATH?				
	O 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID (If In Baltimore City, give exact location)				
	▼ IDEATH (notify medical examined letc.)					
	OF INJURY	3 404 Layre ave				
	S OF INJURY (APPROXI 12.12.69 While AI Not While					
$\ $	(APPROXI 12.12.69 While At Work At Work	A FELL at HOME.				
	22. I certify that (#(this hospital) attended the deceased from	12.12.69 19 to 12.27.69 19				
	that (1) (we) last saw the deceased alive on 12.27:69	19and that in ( our) apinion death accurred an the date				
II	and have and from the causes stated above. (We) (did) (did with vio	on the half offer doub				
	23A. SIGNATURE	23B, DATE SIGNED				
	Month of MO. Aften					
	DEGREE Phys.	Director Phys. (2.27.69				
	NAME (type)	3D. ADDRESS				
	M. BODENHEIMER, M.D.	Sensi Hotpital				
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREATERS OF CEMETERY OF CREATERS OF CEMETERY OF CREATERS OF CEMETERY OF CREATERS OF CEMETERS OF CREATERS OF CEMETERS OF CREATERS	MATORY 24D. LOCATION (City, town, or county) (Stote)				
	BU RIAL 12-29-69 ANSHE EMUNAH, WAS 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	SHINGTON BLVD. MARYLAND				
1	IAN 2 1970 22 GE FAR 120	25C. FUNERAL DIRECTOR ADDRESS				
11	OUT OF THE PARTY O	SON LEYTINGON'E ROOS AND DETSTEDSTOWN DOAD				

SOL

LEVINSON TO BROS.

### BALTIMORE CITY HEALTH DEPARTMENT

69 1	3012 MEI	DICA	L EXAMINER'S	CERTIFIC	CATE OF	DEAT	H REG. NO	69	1301	2
DIRTITIO.										
1. NAME OF DEC	NEAL ABELN			2. DATE OF DEATH	Known   Estimated	Month	Doy	Yeor	Hnur	M.
4. PLACE IN BA	LTIMORE, MARYLAND,	WHERE F	PRONOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour	
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPI ADDRESS OR LOC	AL OR IN	STITUTION, GIVE STREET		JNCED DEAD	12	29	69	4:30	
	CR CO 0			A. STATE	ESIDENCE (Where	e decedied i	B. COUNTY	n: residence t	elore odmis	sion)
100	6160 Greenn	neador	ws Pkwy.		Md.			21	5.5	
6. SEX	7. RACE	B. MAR	RIED NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE C	ITY LIMITS?		
Male	White		WED DIVORCED	9   1	alto.		,	ES 🗵	NO 🗌	
9. DATE OF BIRT	H 10. AGE (	In yeors ay)	If Under 1 Yr. If Under 24 Hrs. Months   Doys , Hours , Min.	E. STREET A	ND NUMBER					
11-20-09	60 1			616	O Greenme	adows	Pkwv.			
I. BIRTHPLACE (S	State or foreign country)		12. CITIZEN OF	13. FATHER						
INDIA			WHAT COUNTRY?	LOUI.	S ABELMAN					
4A.USUAL OCCU	JPATION (Give kind of world working life, even il retired)	14B. KIN	D OF BUSINESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN NA	ME	Hann	00. 7		
RETIR			PER HANGER	MAS.	HOANNE MU	OGGGG	VECK	Karon	1600 L	NOT
6. WAS DECEAS	ED EVER IN U.S. ARME	DFORCE	S? II7. SOCIAL	18. INFORM		ALTERNATION .	A	DDRESS	ADT	14
	Mes of some mar or doses	of servic	e) SECURITY NO.	UDC T	MANUE VUC	HILTO	//04 TD	TRIT O	APIE	
400	TWW-TE		CAUSE OF DEA		DANNE KUS	INEK.	6624 EB	EKLE VI	RIVE	TERVAL
14/0	2,41								EEN ONSET AN	
DISEAS	E OR CONDITION DIR	CTLY	Arterioscl	erotic o	cardiovas	cular	disease			
	LEADING TO DEATH		(A)IMMEDIATE	CAUSE						
(This does n	not mean the made of d e, asthenia, etc. It means th	ylng, e.g.,	DUE TO OR	AS A CONSEQ	UEN CE OF:					
injury or con	mplication which coused de	oth.)								
								113		
	NTECEDENT CAUSES		(8)							
RISE TO THE	OR CONDITIONS, IF AN E ABOVE CAUSE (A) STA	Y, GIVING	DUE TO, OR	AS A CONSEC	PUENCE OF:					
UNDERLYIN	NG CONDITION LAST.		(c)							
ō			(C)							
OTHER SIGN	II HIFICANT CONDITIONS C	ONTRIBL	ITING							
TO THE DEA	ATH BUT NOT RELATED TO	THE TERA	MNAL							
			FOR WHICH OPERATION W	AC OFFICAL						
DATE OF	P OPEKATION 200. CO	NOIIION	FOR WHICH OPERATION W	AS PERFORM	ED			21. AUTOI	PSY? (Yes or	r No)
-								r	10	
	NAL CAUSE WAS		228. PLACE OF INJURY (e.g., home, lorm, foctory, street, office	In or obout 2:	C. WHERE DID	(If In Baltima	re City, give ex	act location)		
	SAOR CONTRIB-		nome, form, foctory, street, office	e bldg., etc.) Ir	JURY OCCUR?					
	(Month) (Doy) (Yes	r) (Hos	1 22E, INJURY OCCURRED	2	F. HOW DID IN.	IIIPV OCC	1102			
OF INJURY		., (		WHILE	1.011 010 111,	JOKI OCC	OKI			
(APPROX.)			m. WORK AT V	VORK	199					
23.			п. п.							
		Inquiry			and that on th					
result	ted from: Natural car	ses X	Accident Sulci	de 🔲 Ha	micide 🔲 🔝	Undetermi	ned manner			
		) /			HIEF MEDICAL E		X			
ACTUAL		1	. 6.	ACCIO	TANT MEDICAL E		F		DATE SIGN	IED
SIGNATI	1/	12	M.E	· .						
NAME (T		C T	ichon MD	ASSO	CIATE MEDICAL E	XAMINER			00 11	
4A. BURIAL CREA	MATION, 248, DATE	D. P	isher, M.D.	CDF4447C	nv la -	OCATION			29-69	
REMOVAL (Specif	fy)		24C. NAME of CEMETERY	or CREMATO	KY 24D. I	LOCATION	(City, tow	n, or county)	(Stote	e)
BURTAL	12-30	-69	BNAI ISRAEL		SOL	UTHERN	AVENUE	. MARYI	AND	
SA. DATE REC'D	BY HEALTH DEPT.		NAME OF REGISTRAR	25C. F	UNERAL DIRECTO			DDRESS		
	7.11.0 4070	10			LEVINSON				RSTOW	V RO
	AN Z 19/0	130	JE Jalla MA	SUL	LLVINSUN	a DRU	3. 0010	VETOIL	_ IW I V WI	. 100
S 151-REV. 1/1/68	3	1 19	5 7 0-11	00	9 9 1					1
			~	14	4 9					to all

17-26-09 60 60 TOUTE HUNER OF THE TOUTE WARREN AND THE STATE OF TOWN TOWN RESERVED, 6524 ESTREE CITY THE REPORT OF THE PARTY OF THE AND WINE THREE THREE STATES 1 134021 TAUE 85-01-51 SEE REVISED A PARK AND STREET STREET

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occurred in

IMPORTANT

FUNERAL DIRECTOR:

				BALTIMORE CITY	HEALTH DEPARTMEN		00 40040
			69 1301	2 CERTIFICA	TE OF DEAT	TH REG. NO	69 13013
	TH NO.		09 TOOT	O CERTIFICA		TE AND HOUR OF DEAT	61
	AME OF DECE	ASED	71000	.=	2. DA		n
			JACOB C		I A LISUAL RESIDENCE	2-29-69 (Where deceased liver It	10, 50 A M.
3.	PLACE IN BALT	IMORE, MARY	LAND, WHERE PRO	NOUNCED DEAD		COUNTY	institution: residence before damission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION				STITUTION, GIVE STREET	MARY LAND C. CITY OR TOWN	D. IN	ISIDE CITY CIMITS?  YES V NO
	90	BELVE	DERE NURS	ING HOME	BALTIMORE E. STREET AND NUM 3406 MENLO	DRIVE #21215	X —
5. S	EX	6. RACE	7. AA A DE	IED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	It Under 1 Yr. It Under 24 Hrs.
	11112	64477		= =		lost birthdoy)	Months Days Hours Min.
	MALE	WHI T	to .	OF BUSINESS OR INDUSTRY	11 RIPTHPLACE (State	86	12. CITIZEN OF WHAT COUNTRY?
	e during most of w			O POSINESS OR INDOSERT	III. BIRTINEACE (SIGIE	or roleigh country	12. GITZER OF WITH COOKIN.
	TAIL	OR		CLOTHING	RUSSI	IA	USA
13.	FATHER'S NAN				14. MOTHER'S MAIDE	NNAME	
	?	CATOR			UNI	KNOWN	
15. (Ye:	Wos Deceosed	Ever in U. S. A	Armed Forces? or or dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	10				MRS. REBA SO	ONNEBORN, 5929	PARK HEIGHTS AVE.
	(This does not heart failure, a injury ar camp	LEADING TO  of meen the asthenia, etc. plicotian which INTECEDENT  R CONDITIO	made of dying, It means the dise th coused death.) CAUSES NS, if any, gi	e.g., DUE TO, OR AS ase,  (B)	A CONSEQUENCE OF:	- cular Occes	Ly 24 hor
	UNDERLYING		ise (A) stating last.	(C)			
ATION	TO THE DEATH	BUT NOTREL	ONS CONTRIBUTI ATED TO THE TERMIN EN IN PART 1 (A).	NG UMAN	y trol	wester	2 months
CERTIFICATION		OPERATION		OR WHICH OPERATION	0 20A. AUTOPSY? (Yes		E FINDINGS CONSIDERED CAUSES OF DEATH?
MEDICAL CE	21 A. A CCIDEN OR CONTRIBU DEATH (notify	TING CAUS	E OF	218 PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or about 21 C. WHERE flice bldg. INJURY OCC	DID (If In Boltim	nore City, give exoct location)
03		(Month) (Doy	(Yeor) (Hour)	21E. INJURY OCCURRED	21F. HOW D	ID INJURY OCCUR?	
S	(APPROX.)	-	and the same of th	White At Not While Work At Work	e 🔲	No.	
	22. I certify	that (I) (this	hespital) ottend	ed the deceased from		19 48 to	Des. 29 1969,
			deceosed alive		9 1969	and that in(my) (que) a	pinian death occurred on the date
	and have ond	from the cou	ses stoted obov	e. (1) (Wa) (did) (did not)	view the body after d	eoth.	
	23A. SIGNATUI	RE			/		238, DATE SIGNED
	Herter		dees heim	O DEGREE THY		Staff Phys.	17-29-69
	23C. PHYSICIAI NAME (Ty	N'S (pe)			23D. ADDRESS	1	

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death

HERBERT (
24A. BURIAL CREMATION, REMOVAL (Specify) GUNDERSHEIMER DATE

12-30-69

90 DEGREE 24C. NAME of CEMETERY OF CREMATORY

24D. LOCATION

(Stote)

BURIAL 25A, DATE REC'D BY HEALTH DEPT.

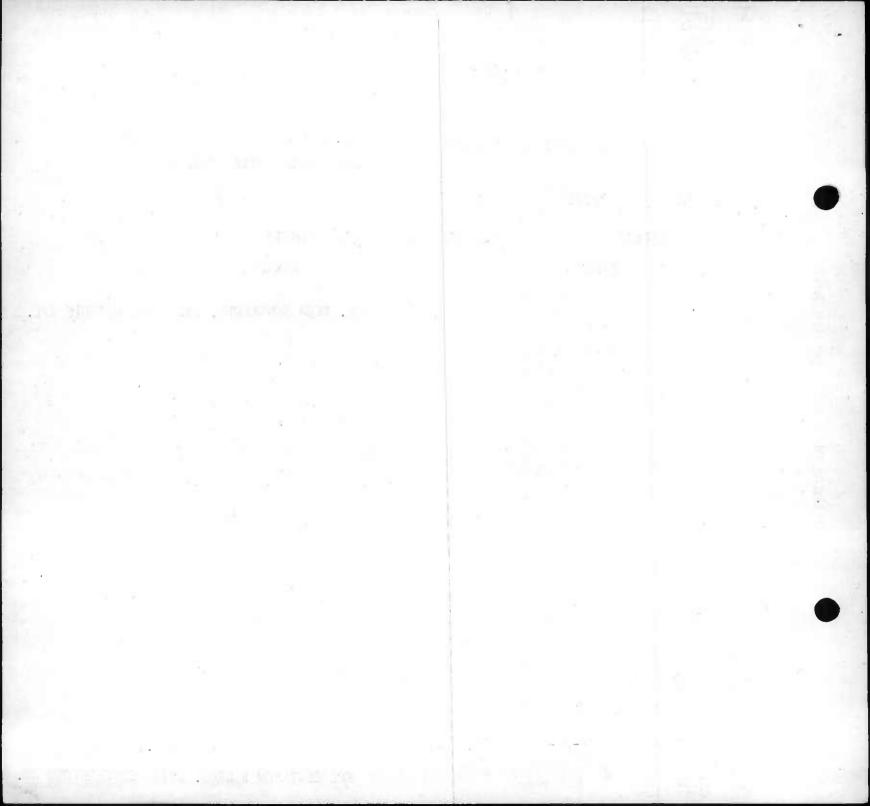
9 AITZ Z CHAIM REGISTRAR

WASHINGTON BLVD. 25C. FUNERAL DIRECTOR

MARY LAND ADDRESS

QEVINSON & BROS. 6010 REISTERSTOWN

VS 150-REV. 1/1/68



00	40044				
69	13014	MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF DEATH

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1.2	4	and the	_	300		

BIRTH NC.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		., .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		CATE O.	DLAI	REG. NO			
I. NAME OF DEC	EASED				2. DATE	Known 🗍	Month	Doy	Yeor	Hour	
(Type or Print)	NOAH A	XELMAN			OF	Estimoted 🔲					
4. PLACE IN BAL			PONC	NINCED DEAD	3. DATE	Estimoled D	Month	Doy	Yeor	Hour	М.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)					PRONO	INCED DEAD	12	28 a	69	11:50	IVI.
OR INSTITUTION	Sinai Hos	nital			A. STATE	ESIDENCE (When	e deceased li	B. COUNTY	: residence b	pefore odmiss	ion)
6. SEX	7. RACE	-	NED [	NEVER MARRIED	C. CITY OR			D. INSIDE CI	TV I IMITS?	111	
Male	White				0				_	grang	
		WIDO				Balto.		YE	s x	NO L	
9. DATE OF BIRTI		GE (In years birthdoy) XXX 42	Moni	der 1 Yr. If Under 24 Hrs. hs: Doys   Hours   Min.		Park Hei	ohts A	Vanue			
11. BIRTHPLACE (S	tote or loreign cou	ntry)	12. C	ITIZEN OF	13. FATHER	S NAME	-5	VCIIC			
	OND. VA.		N	HAT COUNTRY?	DARRET	251171171	0 110				
14A.USUAL OCCU	PATION (Give kind	olwork I 4B. KIN	D OF F	USA BUSINESS OR INDUSTRY	KABBI	BENJAMIN	G. ALI	XMAN	(Livin	9)	
done during most of w	orking life, even ifre	ettred)	0, .	,03114E33 OK 114D031K1	I WOME	O MAIDEN NA	IN C				
SALESMAN 16. WAS DECEASE	V		R	ETAIL	HANN	H RUBINR	OTT				
(Yes, no or unknown)	ED EVER IN U.S. A	ARMED FORCE	5?	17. SOCIAL SECURITY NO.	IB. INFORA	MANT		AL	DRESS	ENUE	
YES	WW II AT	RMY	,		RARRT	BENAAMIN	G AY	ELMANI A		RK HFI	CUTC
19. / / 5				CAUSE OF DEA	TH	SETTE THE TAX	- VA DAI	T.WHIN G	AP	PROXIMATE INT	FRVAL
4	,4			Antoniogolo					BETW	EEN ONSET AN	D DEATH
	E OR CONDITION LEADING TO DEA			Arterioscle	rotic c	ardiovasc	ular d	isease			
	of meon the mode			(A) IMMEDIATE C	AUSE						
heart loilure,	osthenio, etc. it me	ons the diseose.		DUE TO, OR A	S A CONSEQ	UENCE OF:					
injury or com	plicotion which cou	sed deolh.)									
AA	STECEDENT CAUS	FS		(4)							
			,	DUE TO, OR	AS A CONSEC	UENCE OF:					
RISE TO THE	OR CONDITIONS, ABOVE CAUSE ( IG CONDITION	A) STATING THE									
Z	O CONDITION	LASI.		(c)							
12	- 11										
OTHER SIGN	IFICANT CONDITION	ONS CONTRIBU	TING								
DISEASE OR	CONDITION GIVE	N IN PART 1 (A)									
OTHER SIGN TO THE DEA DISEASE OR	OPERATION 208	CONDITION	FOR	WHICH OPERATION WA	S PERFORM	ED			21. AUTO	PSY? (Yes or	No)
ਹ											
Z 22A. EXTER	NAL CAUSE WAS		22B. P	LACE OF INJURY(e.g.,	in or shout 2	C WHERE DID	/If to Politima	o City alva and		10	
UNDERLYING CA	SOR CONTRIB-		hom e,	form, foctory, street, office	bldg., etc.)	JURY OCCUR?	(it in solitimo	e City, give exa	cr rocorion)		
≥ 22D. TIME (	Month) (Doy)	(Yeor) (Hou	r) 22	E.INJURY OCCURRED	2	2F. HOW DID IN	JURY OCC	JR?			
(APPROX.)			m. W	HILE AT NOT AT W	WHILE		% 5 <sub>6</sub> 4				
23.			m.j w	ORK LI AIW	OKK L						
1 certi	fy that I held o	n Inquiry		Inspection Aut	opsy 🗌	and that on t	his basis	death in my	inlan		
				general control of the control of th	lumil	frame		-	-		
result	ed from: Nature	conses k	_ A	cident Suicid		miclde 🔲		ned monner L			
ACTUAL	1	7m	1			HIEF MEDICAL	EXAMINER	X		DATE SIGNI	ED
SIGNATU	IRE	NO N	w	M.D.	ASSIS	TANT MEDICAL	EXAMINER			DATE SIGN	-0
EXAMINE						CIATE MEDICAL	FXAMINER				
NAME (T	ype) Rus	ssell S.	Fi	sher, M.D.	,,,,,	OIAIL IIILDIOAL	E/O (IIII) TER	_	12	-29-69	
24A. BURIAL CREA REMOVAL (Specif	AATION, 124B, D			NAME of CEMETERY	or CREMATO		LOCATION		or county)		
BURTAL	12-	30-69	P	ETACH TIKVAH		RO	SEDALE	. MARY LA	WD		
25A. DATE REC'D	BY HEALTH DEPT.	25B. N	IAME	OF REGISTRAR	25C. F	UNERAL DIRECT			DDECC	010	
J	AN 2 19	70 12	88	Farber M.D.	SOL	LEVINSON	& BRO	S., INC.	REIST	6010 TERSTOU	IN RI
VS 151-REV. 1/1/48		1 1		7 (7	1 0						

TARRE SENTAUTH OF AUCUMAN LIVERING JIAEU DESTRUCTION OF MALES AND STATE OF STATE DESCONDE, SWAYDAND SÓL LINGUAGO E BOCS., TWO PERSONERS NO.

00	42045		BALTIMORE CITY H	HEALTH DEPARTMENT		
03	13015	MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF	DE
			- TO THE TENTO	CERTIFICATE	01	DLI

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 63 13013
BIRTH NC.  1. NAME OF DECEASED	
(Type or Print)  Martha Gordon	2. DATE Known A Month Doy Year Hour OF DEATH Estimated
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Manth Day Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD 12 29 69 4:50 p.
	5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)  A. STATE  B. COUNTY
1735 McKean Ave.	Maryland /5/)
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
female colored WIDOWED DIVORCED	I ES & INO L
9. DATE OF BIRTH   10.AGE (In years   If Under 1 Yr. If Under 24 Hrs.   Months: Days: Hours: Min.	E. STREET AND NUMBER
9-2-19 50	1735 McKean Ave.
11. BIRTHPLACE (Store or foreign country)  12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
Maryland 1 U.S.A.	James Grier
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR dane during most of working life, even thretired)	15. MOTHER'S MAIDEN NAME
	Jennie Lee
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL (Yes, na or unknown) (If yes, give war or dates of service) SECURITY NO.	18. INFORMANT ADDRESS
no 216-12-703	4 James Gordon Sr. same
19. G CAUSE OF DEA	ATH APPROXIMATE INTERVA
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DE
	CAUSE Gunshot wound of head
	AS A CONSEQUENCE OF:
(This does not mean the made of dying, e.g., heart failure, asthenio, etc. it means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES  (8)	
RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
OF II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART I (A).	***************************************
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No.)
	yes
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB.   22B. PLACE OF INJURY (e.g., home, form, foctory, street, olfic	in ar about 22C. WHERE DID (If in Baltimare City, give exact location) in Jury Occur? 1735 McKean Ave. 1562
UTING C CAUSE OF DEATH.  220. TIME (Month) (10xx) (Year) (225 IN 118) OCCUPATION	1735 McKean Ave. 1569
ZZD. TIME (Month) (Day) (Year) (Hour) 122E, INJURY OCCURRED.	22E. HOW DID INTURY OCCUP?
(APPROX.) 12 29 69 ? m. WHILE AT NOT AT Y	white shot self
23.	TORK EJ
I certify that I held an Inquiry Inspection Au	stapsy 🔀 and that an this basis, death in my apinion
resulted fram: Natural causes Accident Suieic	
/11/10/15	CHIEF MEDICAL EXAMINER
ACTUAL SIGNATURE MAIN	ASSISTANT MEDICAL EVAMINED TO DATE SIGNED
EXAMINER'S M.C	
NAME (Type) Werner U. Spitz, M.D.	Deputy Chief Medical Examiner 12/30/69
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	ar CREMATORY 24D. LOCATION (City, town, ar county) (State)
Burial 1-3-70 Arbutus	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR V. Balleyaddress
JAN 2 1970 Pedent E. Failer, M.D.	Kelson F.H. 1348 Calhoun Street
'S (5)-REV. 7/1/68	1 4 0 0 1

9-2-19

Off

Maryland

50

U.S.A.

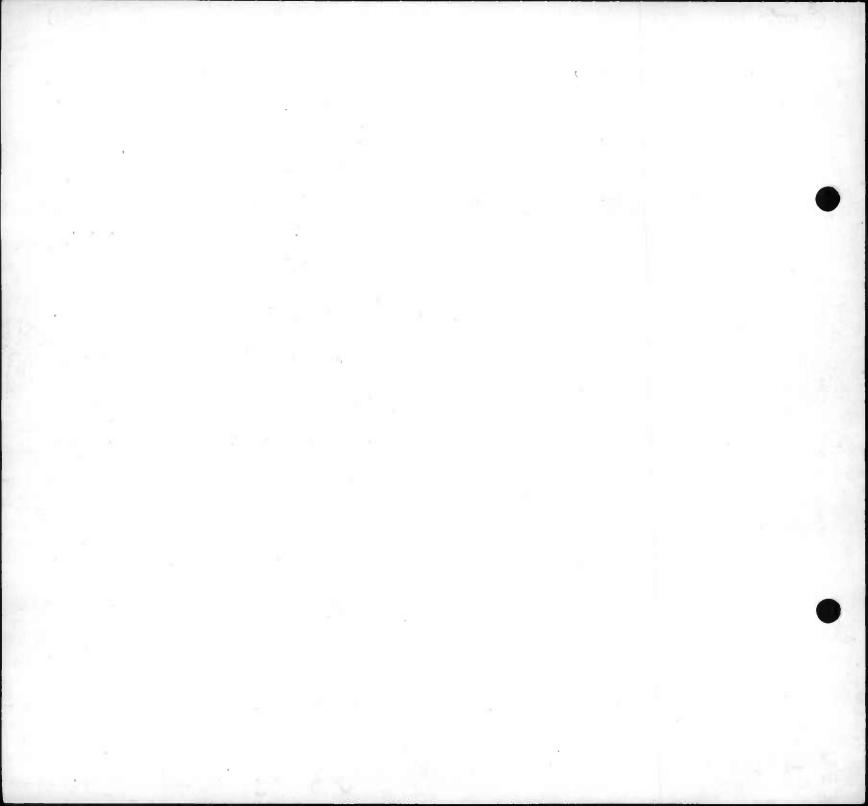
James Grier

Jennie Lee

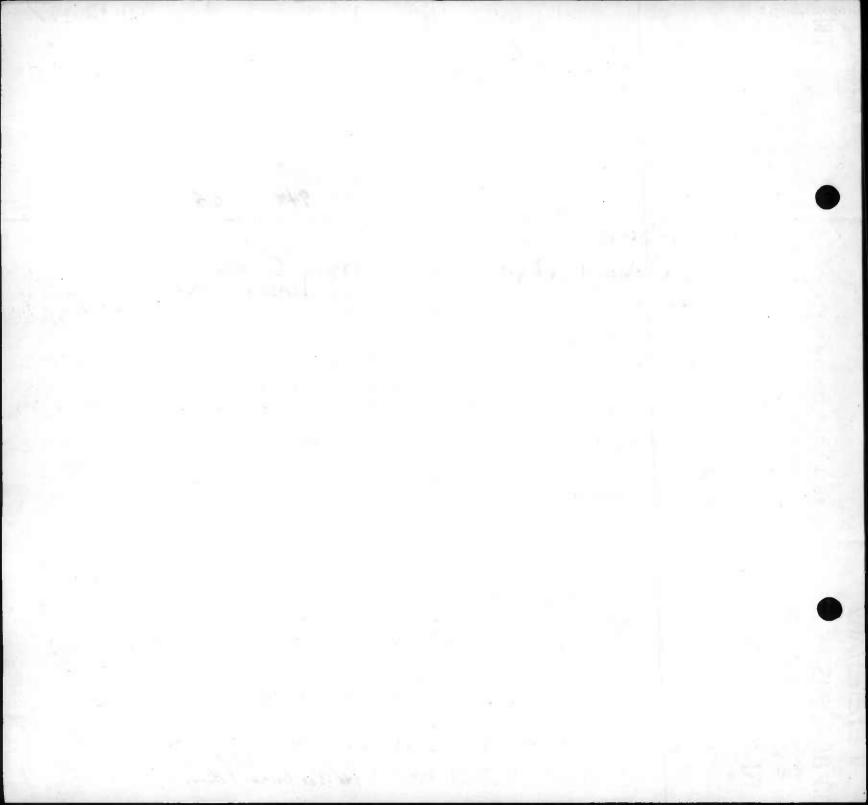
216-12-7034 James Gordon Sr.

same

24	4-1-1			0.0		BALTIMORE CITY	HEALTH DEPARTMENT		69 13016
111-	000			69	13016	CERTIFICA	TE OF DEATH	REG. NO	0.9 10010
	and eath ased the the		TH NO.	ASED				AND HOUR OF DEATH	1
	_ T 0 C	(Ту	pe or Print)	1A400	ANNIC		12	- 28-69 C	5 30 Am M.
	pite of De ath	3.	PLACE IN BALT	MORE MARYEAND	, WHERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (V	Vhere deceased lived. II	institution: residence before odmission)
	hos ise (5) de	FU HC	LL NAME OF DSPITAL OR STITUTION	(IF NOT IN HOS	SPITAL OR INSTITUT	ION, GIVE STREET	MARY / F.	7 ~ i)	SIDE CITY LIMITS?
			/ - h	e View	NURS;	Ng Hone	BAITI MO	nc	YES X NO
	70	1	YARD	BA17	o, mo	Ng Hone	E. STREET AND NUMBER	415 Orchar	d St.
	contributing contributing etermined ca n regular att	5.	SEX	Wegroid		NEVER MARRIED DIVORCED	5-1-95	9. AGE (In years lost birthdoy)	II Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	or con ndetern s in re deceasition is			PATION (Give kind of vorking lile, even if retire		BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
	if d (4) U wa the spos	13.	FATHER'S NAM		Eubanks		14. MOTHER'S MAIDEN N Angie	NAME	
IMPORTAN	istant he dii kind; death ce on nal di	15. (Ye	Wos Deceased I s, no or unknown)	Ever in U. S. Armed (If yes, give wor or	Forces? dotes of service)	6. SOCIAL SECURITY NO.	17. INFORMANT	o de a l	ADDRESS
8	y by	-	no	0 1		CAUSE OF DEAT	Sally Tyn:	ier 2811 i	ockrose Ave.
PO	his as so, if of any unced tendar		DISEASE	OR CONDITION					BETWEEN ONSET AND DEATH
3	720350			LEADING TO DEA		(A) IMMEDIATE CAL	A CONSEQUENCE OF:	Cent Land	n joues
ä			heort failure, o	sthenia, etc. II med	ans the disease,	DUE IO, OR AS	A CONSEQUENCE OF:		3
CTOR	-= c o > E			NTECEDENT CAU		0.	turn of sta	. CV desas	
	re Kha s			R CONDITIONS,		DUE TO, OR AS	A CONSEQUENCE OF:		T. CHIS
R	9 6 6 5			obave cause ( CONDITION last,	A) sloling the	(c)	wheter ~	elleter	News
DIR	dical dical urns; ( /sicial was i			- II					
AL	medical hedical burns; hysicic in was remair	ATION	OTHER SIGNIFIC	CANT CONDITIONS	CONTRIBUTING O THE TERMINAL				
NER	dy ldy cia	10	19A. DATE OF		ONDITION FOR WE	HICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE	FINDINGS CONSIDERED
Z	chief y a m Body the p ysicia	CERTIFI	0	WAS	PERFORMED			IN CERTIFYING C	AUSES OF DEATH?
5	(2) ere ph	CAL CE	21 A. ACCIDENT OR CONTRIBUT DEATH (notify	T WAS UNDERLYING CAUSE OF medical examiner)	G 21B. P home, etc.)	LACE OF INJURY (e.g., i lorm, loctory, street, of	n or obout 21C. WHERE DIE fice bldg., INJURY OCCUR	(If in Boltimo	ore City, give exact location)
	9 6 7 5 9	MEDI	21 D. TIME OF INJURY	(Month) (Doy) (Ye	eor) (Hour) 21 E. 1	NJURY OCCURRED		INJURY OCCUR?	
	oved e hos cept rd (6	>	(APPROX.)		While Work	At Work	e 🗌 🌎		
	r c y x = d		22. I certify t	that (1) (this hosp	itol) ottended the	deceosed from	6/-4	1967 to	12/ 28 1969
	appurent to the off and (e); all (b); all (b)		that (1) (we) !	lost saw the dece	ased alive on	12/28	19 6 7 ond	that in (my) (our) op	olnion death occurred on the date
	07 ++-				stoted obove. (i)	(We) (did) (did not) v	iew the body after deot	th.	
	e must be released accident a hospit ir to deat		23A. SIGNATUR	ŧΕ	000	A of Atto	nding Med.	- Staff □	23B. DATE SIGNED
	다 하는 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다		DOC BUYELEIA	ar.	Mar	DEGREE Phys	s. Director	P Phys.	17/28/67
	certificate body was r rs: (1) An a D.O.A. at a ased prior ten approv		23C. PHYSICIAN NAME (Typ	ALLA	N H. MI	ACAT MY DEGREE	23D. ADDRESS VE Re	d & 1.	Bet Md 2/100
		247	REMOVAL (Sp	ATION, 24B. DATE	24C. NAA	AE of CEMETERY of CRE	MATORY 24D	LOCATION (	City, town, or county) (Stote)
	- (I) T		Burial	1-2-	-70 Chu	rch Cemete	ry	Howardville	, Virgina
	This certify the body shows: (1) was D.O., we written a written a	25/	A. DATE REC'D	9 1070	25B. NAME OF	REGISTRAR	25C. FUNERAL DIRECT	v. Baile	ADDRESS
	4 0, 7 0 7	VS	150-REV. 1/1/61	& 13/U		7 15	Kelson F.I	1340	Calhoun St.

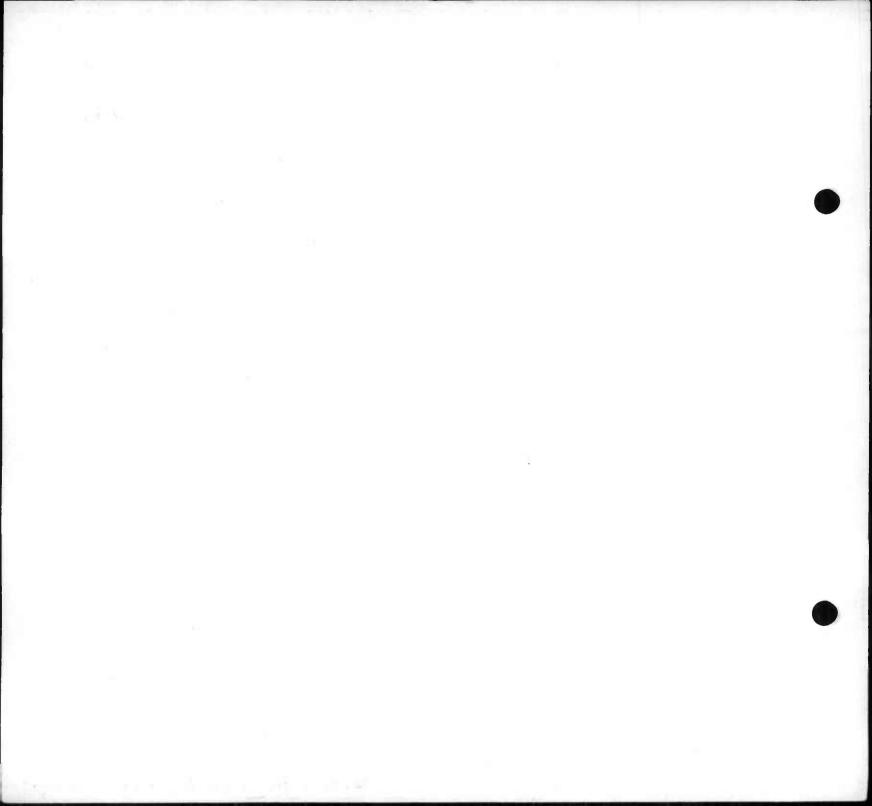


100	69 13017 BALTIMORE CITY HEALTH DEPARTMENT 69 13U17
76095	BIRTH NO. CERTIFICATE OF DEATH
an eat ase th th	1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH
dea ceas ceas	(Type or Print) FLL1077 POPE  12-31-69 7-30 Am.  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
The Det	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceosed lived, if institution; residence before admission)  A. STATE  B. COUNTY
osp inc dec	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)  C. CITY OR TOWN  D. INSIDE CITY LIMITS?
h - h	
L Terror	BOITON HILL NUrsing Center BOLT, MORE YES NO
i bi ca ingining ingi	304 N. MOUNT STREET
but lar lar	5. SEX   6. RACE   7. MADDIED   NEVED MADDIED   8. DATE OF BIRTH   9. AGE (In years   If Under 1 Yr., If Under 24 Hrs.
ntribu rmine egular ased s mad	MIDOWED DIVORCED 8-9-94   lost birthdoy) Months Doys Hours Min.
00 - 0 -	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or loreign country)
der der der in in dec	done during most of working life, even if relired)  Worth Carolina U.S.A.
de Un as e	13. FATHER'S NAME
disposition	Pichard Pose Mary Sudden
	15. Was Deceased Ever in U. S. Armed Forces?  (Yes, no or unknown) (If yes, give wor or doles of service)  ADDRESS  ADDRESS  ADDRESS
the kinc dea	(res, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. ADMISSION RECORD DAS Riggs Ave.
14 70 0 L	18. 4. 1 2 3 3 3 CAUSE OF DEATH  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
f an nce end d o	DISEASE OR CONDITION DIRECTLY
Als e o att	(This does not meon the mode of dying, e.g., DUE TO OR AS A CONSEQUENCE OF
oron ar bal	heord laidule, osthenia, etc. It means the disease, injury ar complication which caused death.)
3 5 B	ANTECEDENT CAUSES (B) attendents Lent derson years
A fr who reg	DISEASES OR CONDITIONS, if ony, giving  (B)  DUE TO, OR AS A CONSEQUENCE OF:
ex (3)	rise to the above cause (A) stoting the UNDERLYING CONDITION last. (C) Choric alcoholism Year
ical cal s; (cia as as	ONDERENING CONTINUE (C)
Didie died	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
me me y by	TO THE DEATH BUT NOT RELATED TO THE TERMINAL  DISEASE OR CONDITION GIVEN IN PART 1 (A).
a od od he he the	19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION WAS PERFORMED   20A. AUTOPSY? (Yes or No.)   20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
he chief r by a m (2) Body re the p physicia fore the	U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR?
+= 000	C   DEATH (notify medical examiner)   etc.)
by why	D 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
hosp hosp atu (6)	S OF INJURY (APPROX.)  While At Work  At Work
he h he h ny ng xce and and	22. I certify that (I) (this haspital) attended the deceased fram 17/5 19 69 to 12/3/ 1969.
d = 0 0	that (1) (we) last sow the deceased alive on 1 1969 and that in (my) (our) apinlan death accurred an the date
ta of t	ond haur and from the causes stated above. (1) (We) (did) (did nat) view the body after death.
dent dent dent deat must	23A. SIGNATURE
	al-Marford Attending Med. Director Phys.   12/3//6 9
0 - 0 - >	23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS
certificate mody was related.  Vs. (1) An accident of the control	ALLAN H. MACHT MO DEGREE 2 E Mead & Month My viron
P C O B B	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
Vs: D. D.	Burial 1-3-69 Mr. Auburn Cem. Balto. John.
This certiforms the body shows: (1) was D.O. deceased written a	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR . ADDRESS
* * * * * * * * * * * * * * * * * * *	JAN 2 1970 PEBE Gate, MD. 1 (SEN Geral House 1348 N. Calherin St
	VS 150-REV. 1/1/6B



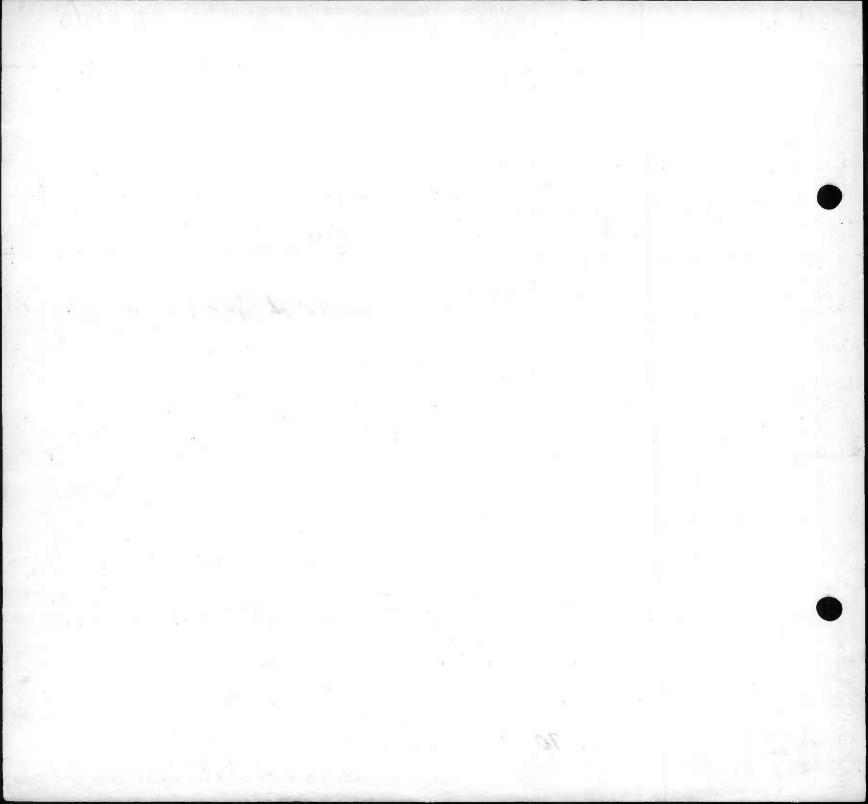
FUNERAL DIRECTOR: IMPORTANT	7-
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	al and O
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased W was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	Speased S
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	Such

		69	1301	0	TY HEALTH DEPARTMENT	REG. NO	69 13018		
	IRTH NO.		1001	CERTIFIC	ATE OF DEATH				
	Type or Print)	Farrett	Hom	1	1.	AND HOUR OF DEATH			
	B. PLACE IN BALT	IMORE MARYLAND, W			4. USUAL RESIDENCE (WHA. STATE B. COU	1 - 69 here deceosed lived. If ins	6.50 A M		
1	FULL NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INST	TITUTION, GIVE STREET	Md		1403		
'	NOTITUTION				C. CITY OR TOWN	D. INSI	DE CITY LIMITS?		
	MAINE	rsity of	MS	hospital	E. STREET AND NUMBER		YES NO		
	38				2002 Dr	and Hill a	rence		
5.		6. RACE	7. MARRIE	D NEVER MARRIED		9. AGE (In years lost birthday)	If Under 1 Yr. II Under 24 Hrs. Months; Doys Hours; Min.		
	M	N	WIDOWE		8-31-17	52	Monais Doys Hours Min.		
d	one during most of w	PATION (Give kind of worl orking life, even if retired)	10E KIND	OF BUSINESS OR INDUST	Y 11. BIRTHPLACE (Stote or for	reign country)	12. CITIZEN OF WHAT COUNTRY		
					Md		USA		
1	3. FATHER'S NAM		1 .		14. MOTHER'S MAIDEN NA				
	itowar			54.	Maggie	Brown			
ď	es, no or unknown)	Ever in U. S. Armed For (If yes, give wer or dete	ces? s of sorvice	SECURITY NO.	17. INFORMANT		ADDRESS		
	NO			1220-01-6223	Mother.	Maggie Gare	tt same		
	18. 62	/ 1		CAUSE OF DEA	TH		APPROXIMATE INTERVAL		
		OR CONDITION DIE EADING TO DEATH	RECTLY						
	heart faiture, a	(This does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,							
	injury or complication which caused death.)								
	DISEASES OR CONDITIONS, il any, giving DUE TO, OR AS A CONSEQUENCE OF:								
	DISEASES OR CONDITIONS, il any, giving rise to the abave couse IA) stating the UNDERLYING CONDITION last.  (C)								
		- 11		\V/====================================					
ATION	OTHER SIGNIFIC	ANT CONDITIONS COL	IE TERMINAL	3 L					
IC A	19A. DATE OF	OPERATION 198 CON	T 1 (A).		20A. AUTOPSY? (Yos of N	o) 20B IF YES WERE EI	NOINGS CONSIDERED		
CEPTIEIC		WAS PERF	ORMED			IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?		
1	OR CONTRIBUT	WAS UNDERLYING DING CAUSE OF	21 he et	B. PLACE OF INJURY (e.g., omo, form, foctory, street, ic.)	in or about 21 C. WHERE DID lifico bidg., INJURY OCCUR?	(If In Boltimoro	City, give exoct lecotion)		
P. D.	OF INJURY	(Month) (Doy) (Year)	(Hour) 21	E INJURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?			
1	(APPROX.)			/hite At Not Wh	· 🗆				
	22. I certify t	hot <del>(1)</del> (this haspital)	attended	the deceased fram	Dec 3	1969 to 12	cula 31 1969		
that (1) (we) lost saw the deceased clive an Dece 31 19 6 1 and that in (my) (out) opinion death accurred on the									
	ond hour and from the causes stated abave, (i). (We) (dtd) (did not) view the bady after death.								
	23A. SIGNATUR						23 B. DATE SIGNED		
	+	and K. Sy	white	DEGREE AH	ending Med. Director	Staff Phys.	12-31-69		
	23C. PHYSICIAN NAME (Typ	. e) 			23D. ADDRESS	+ Md	Hospital		
24	A. BURIAL CREM	ATION, 248 DATE	24C. N	DEGREE	EMATORY 24D. L	OCATION (City,	, town, or countyl (State)		
	Burio	1 1 2 17	0 0	Mr. Aubur	Cem. [	Balto	Ad.		
25	A. DATE REC'D	Y HE 1970 DEPT. See	25B NAME	OF REGISTEAR	25C. FUNERAL DIRECTOR	V. R. BAile	ADDRESS		
VS	150-REV. 1/1/68	1			MELSON IT HA	1348 N.	cal hour of.		



VS 150-REV. 1/1/68

	BALTIMORE CITY HEALTH DEPARTMENT 69 13019						
	RIDT	69 13019 CERTIFICA	TE OF DEATH REG. NO. 03 13013				
	1. N	AME OF DECEASED	2. DATE AND HOUR OF DEATH				
		Dreed IDA LIMORE MARTIAND, WHERE PRONOUNCED DEAD	12/29/1969 6 P.M.  14. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)				
- 1			A. STATE B. COUNTY				
	HO	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET SPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN  D. INSIDE CITY LIMITS?				
	6	70	BALTO YES NO				
	K	an Cripal - Haspinia	E. STREET AND NUMBER				
3	5. S	EX   6. RACE NECROST MARRIED   TEVER MARRIED	8, DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.				
É	7	FEMALE BLACK WIDOWED DIVORCED	8-15-1888 lost birthdoy Months Doys Hours Min.				
2	done	USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired)					
2		maid	Md. U.S. A.				
2	13. F	FATHER'S NAME	14, MOTHER'S MAIDEN NAME				
2	15 V	Was Deceased Ever in U. S. Armed Forces?   1 6. SOCIAL	17. INFORMANT ADDRESS				
3		,no or unknawn) (If yes, give war ar doles of service)  SECURITY NO.	Congres 11 Congres / Harristo Mod				
		18.// CAUSE OF DEAT	H APPROXIMATE THE APPROXIMATE THE TOTAL				
3		DISEASE OF CONDITION DIRECTLY	Da 1 00 7 and Carlos And Death				
E		LEADING TO DEATH  (This does not mean the mode of dying, e.g.,	A CONSEQUENCE OF:				
5		heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	A CONSEQUENCE OF:				
		ANTECEDENT CAUSES	coseles the vosewood Jyrs!				
9		DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:				
SU		UNDERLYING CONDITION last. (C)	of the curry				
BL	z	() OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
9	Ĕ	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).					
The		198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
o Le	CERT	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, form, factory, street, o	in or about 21 C. WHERE DID (If in Baltimore City, give exact location)				
De	CAL	OR CONTRIBUTING CAUSE OF home, farm, factory, street, o etc.)	ffice bldg., INJURY OCCUR?				
5	0	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?				
		(APPROX.) While At Not While					
000		22. I certify that (H)(this haspital) attended the deceased from that (I) (we lost sow the deceased alive an	1969 to 1969,				
De			19 and that in(my) (aur) opinion death occurred on the date				
OST		and hour ond from the couses stoted above. (1) (We) (did) (did not) v	riew the body ofter death.   238, DATE SIGNED				
E		XII Co I Co Ce Atte	ending Med. Staff				
0		THE REE	23D. ADDRESS				
appr		KICHARD K. KIGLEL MI	) IW. OUEDLEA AVE #Batho 21206				
3	24A.	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION (City, town, or county) (State)				
ב	254	DURIO 1-2-10 DATE REC'D BY HEALTH DEPT 258, NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR VIA, BALLEY ADDRESS				
	-374	1/11/9 1970 22/25/3/25 92.5	1 0 0 0 B C BAILEY				



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT 40000

13020

Such		RTH NO. 69 LOUZU CERTIFICA	ATE OF DEATH REG. NO.
on t h. Su	(T)	NAME OF DECEASED  ype or Print)  Evans. Jay	2. Date and Hour of Death 12-30-69   12:55 A
ance	3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where decoosed lived, If institution: residence before admission) A. STATE B. COUNTY
ndance to deat	FLHIN	ULL NAME OF OSMITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  Drowd don't Hoorital	Baltimore C. CITY OR TOWN D. INSIDE CITY LIMITS?
	ľ	Provident Hospital 1514 Divison Street	Maryland YES T NO
1 . 0 .		Baltimore, Maryland 21217	1504 Penn. Ave.
9 9 8	5.	SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   If Under 1 Yr. If Under 24 Hrs
regular eased p		Male Negro WIDOWED DIVORCED	10-12-12   lost billhooy 57   Months: Doys Hours Min.
900	do	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY ne during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
S D :∓	12	Unemployed	Georgia U. S. A.
wa the spos	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
leath e on nal dis	15.	Was Deceased Free in M. & Arred Faces? 114 control	Kena Corans
dea	(Ye	Was Deceased Ever in B.S. Armed Forces?  16. SOCIAL  SECURITY NO.	17. INFORMANT ADDRESS
= ==	-	18.571,9 1 CAUSE OF DEATH	Mr. Raymond Jordon-Uncle 658 Pitcher St.
unced tenda ed or		DISEASE OF CONDITION DIRECTLY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
atte		LEADING TO DEATH	ISE Heratic Cona
prono lar at nbalm		(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	
GCE		ANTECEDENT CAUSES  ANTECEDENT CAUSES	hosia of the lines,
who		DISEASES OR CONDITIONS, if only giving DUE TO, OR AS	A CONSEQUENCE OF: LEE CLEWY FROM
_ 0		tise to the above cause (A) stoling the UNDERLYING CONDITION last. (C)	to thageal Varices
physician an was ir remains	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
P.C.	CERTIFICATION	19A-DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION WAS PERFORMED	20A- AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
(except where the stand (6) No physic obtained before t	CAL	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, loctory, street, of pearth (notify medical examines)	n of about 21 C. WHERE DID (If In Boltimore City, give exact location) fice bidg., INJURY OCCUR?
+ (9)	MEDI	21D.TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	215. HOW DID INJURY OCCUR?
d d		(APPROX.) While At Not While Work At Work	
ex op		22. I certify that (I) (this haspital) attended the deceased from Dec	The state of the s
be be		that (I) (we) last saw the deceased alive on December 30.	and that in(my) (our) apinion death occurred on the date
hospital o death) I must be		and haur and from the causes stated obave. (1) (We) (did) (did not) vi	
b o l		GITTENGCO MADORE Phys	nding Med., Shoff Dec. 30, 1969
r a l		CO C DIAMON CO. C.	Director Phys. LXI Dec. 50, 1909
was D.O.A. at c deceased prior written approv		Flago Wer	1514 Divison Street Baltimore, Md.
0 0 0	24A	BURIAL CREMATION, 24B. DATE 24C/NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (City, lown, or county) (Stote)
T ea	25.4	Durial Jan 3 1970 Mit. Gulain	Cerniley Westfort (Battimore) Inde
A P	234	JAN 2 1970 258. NAME OF REGISTRAR	25C. FUNERAV DIRECTOR ADDRESS
		CITIED 1010 - AND CONTROL OF THE	The how is mis x axx is unacher

Baltimore

Maryland

X

1504 Penn. Ave.

Negro Male

10-12-12

Unemployed

U. S. A.

Georgia

Mr. Raymond Jordon-Uncle 658 Pitcher St.

57

Hepatic CONA

Circussia of the lines from Markagene Variety

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December 6, December 30,

69 December 30,

Dec. 30, 1969

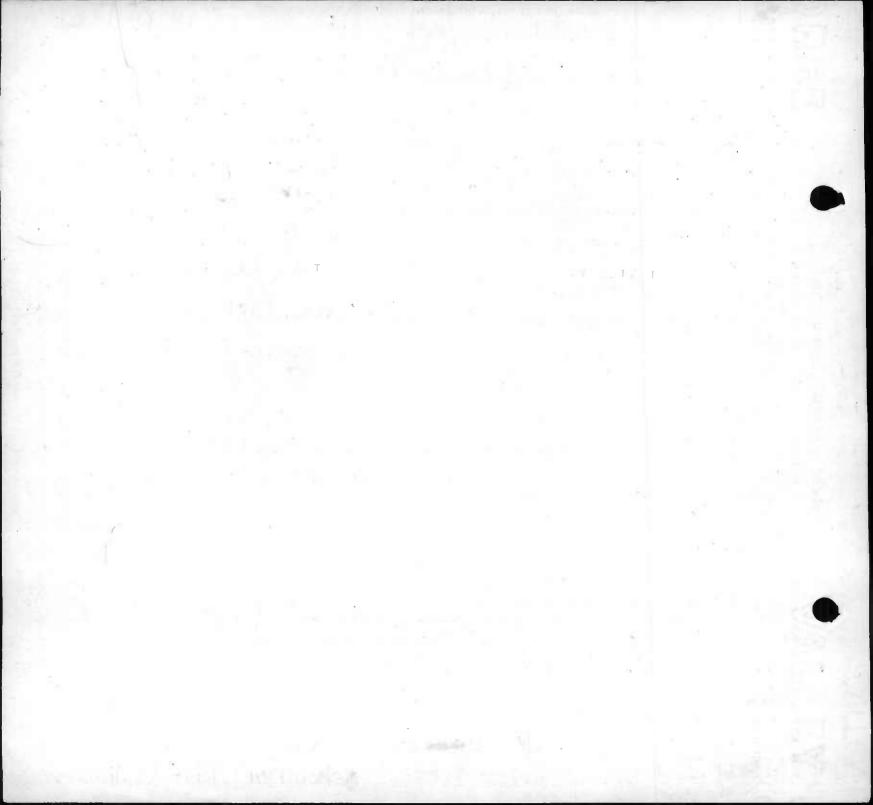
GITENECO M) Tugão (US.

1514 Divison Street Baltimore, Md.

1701	BALTIMORE CITY HEALTH DEPARTMENT
300	BALTIMORE CITY HEALTH DEPARTMENT  CERTIFICATE OF DEATH  REG. NO. 1469 13021
deat deat n th	1. NAME OF DECEASED (Type or Print) TILLETT LEVI N. (LIVI) 2. DATE AND, HOUR OF DEATH 12/27/69.6PM
of of of of other	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Whele decosed hed. If institution: residence before odmission)  A. STATE  B. COUNTY
se ((5) [anced	FILL NAME OF THE NOT IN HOSPITAL OF INSTITUTION GIVE STREET
2000	INSTITUTION D. INSIDE CITY UMBS?
in ng caus	E. STREET AND NUMBER
ed ar	BUT N. BROADWAY, BALTO MD
trib min gul sed	7. MARRIED NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years lost birthday)   1 Under 24 Hrs. Months Doys Haurs Min.
上 0年 _ 0日	19A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY  and during most of working life, even if retired)
ar Inde s in	U.C. U.S.A
if d (4) U way the ispos	13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  BERTHA 3. 10 00 00 00 00 00 00 00 00 00 00 00 00
+	15, Wos Deceased Ever in U. S. Armed Farces? 16. SOCIAL 17. INFORMANT ADDRESS
ister he he cin cin dec	(Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. 212 03 9831 Mayte Tilett-wife - Some
- 0 0 0	CAUSE OF DEATH  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
af af ed	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A)IMMEDIATE CAUSE KLEBSIELLA PNEUMONIA & WKS
Al Al	(A) IMMEDIATE CAUSE  (A) IMMEDIATE CAUSE  (A) IMMEDIATE CAUSE  (DUE TO, OR AS A CONSEQUENCE OF:
iner ner. actu pro ular mba	injury or complication which caused deoth.)
A fr A fr A fr	DISEASES OR CONDITIONS, if any, giving  Out To, OR AS A CONSEQUENCE OF:
O X O E D	rise to the obove couse (A) stoting the UNDERLYING CONDITION last. (C)
dical dical orns; (; sician was ii mains	7 11
e a be	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE TERMINAL OF RIGHT CVA 2) PARALYSIS AGITANS
chief ram Bady l the pl ysicia	U 19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION 120A, AUTOPSY2 (Yes, or No.) 20B, IF YES, WERE FINDINGS CONSIDERED
by by (2) Borre th physfore	WAS PERFORMED  WAS PERFORMED  IN CERTIFYING CAUSES OF DEATH?
== 0 0 0	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?
hospito nature; ept wh d (6) No	21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
A . U = .	(APPROX.) Work At Work
de a de	22. I certify that (I) (this haspital) attended the deceased from NOVEMBER 819 69 to DECEMBER 27 19 69 that (II) (we) lost sow the deceased alive on DECEMBER 27 19 69 and that in (IV) (our) opinion death occurred on the dat
b + 4 = (4 d	ond hour and from the causes stated above. (1) (We) (Hid) (did not) view the body after death.
ased dent ospit deat	23A. SIGNATURE, + CIII
ele cci d h	Made Staff Director   New Med.   Staff Phys.   12/27/69
y was r (1) An a 3.A. at a d prior	23C. PHYSICIAN'S NAME (Type)
dy w (1) A O.A. ed p	DEGREE  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify)
F 20 0 0 C	Buriel Jan 069 CHURCH Cem. SMANTED., N.C.
This ce the book shaws: was D. deceas	25A. DATE REC'D 8Y HEALTH DEPT. 288. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR U. Bailey ADDRESS
	I JANA DIU NINGAMBANTUI I MENDINIKIN 1040 I WINDUM L

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VS 150-REV. 1/1/68



death

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(5) Deceased

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Hours

BETWEEN ONSET AND DEATH

1 month

Il Under 24 Hrs.

69 13022 CERTIFICATE OF DEATH BIRTH NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) December 23,1969 Walter Joseph Donohue Sr. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. HOSPITAL OR ADDRESS OR LOCATION) C CITY OF TOWN YES Y Baltimore, Md. E. STREET AND NUMBER 65000rmstrong Ave., Baltimore, Md. 6500 Armstrong Ave.. 5. SEX 29. AGE (In years 6. RACE 8. DATE OF BIRTH / 90 7. MARRIED NEVER MARRIED Months Doys Male | White | WIDOWED | DIVORCED | April 28, 1969 64 y Male 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Charing Cross Hardware Baltimore .Md. Salesman U.S.A. 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME John Donohue Rose Reuschling IS. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT 6. SOCIAL Baltimore 15.Md. (Yes, no or unknown) (II yes, give wor or dotes of service) SECURITY NO. No None 215-05-2795 Mrs. Carolyn M. Donohue, 6500 Armstrong Ave. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY Probable Pulmonary Thrombosis LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.a., DUE TO, OR AS A CONSEQUENCE OF hearl failure, asthenia, etc. It means the disease, Thrombo Phlebitis right leg injury or complication which caused death.) ANTECEDENT CAUSES (B)\_\_\_\_\_\_DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stating the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) CERTIFIC 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Baltimore City, give exoct location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) MEDIC 21 D. TIME 21 E. INJURY OCCURRED (Month) (Dov) (Year) (Hour) 21 F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work At Work Dec. 22. I certify that (I) (this hospital) attended the deceased from..... 1969 that (1) (we) last sow the deceased alive on Dec. and that in (my) (cor) opinion death occurred on the date and hour and from the causes stated above. (1) (#6) (did nat) view the body after death. 23A. SIGNATURE 238 DATE SIGNED Attending X 12-21-69 Staff Phys. Med. Phys. Director L 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 59 Hanover Rd.Reisterstown, Md. 21136 Martin E. Strobel, M.D. 24C. NAME of CEMETERY OF CREMATORY 24A. BURIAL CREMATION, 24B. DATE 24D. LOCATION

VS 150-REV, 1/1/6B

REMOVAL (Specify)

258. NAME OF REGISTRAR

Dec. 25, 1969

Lake View Cemetery FUNERAL DIRECTOR

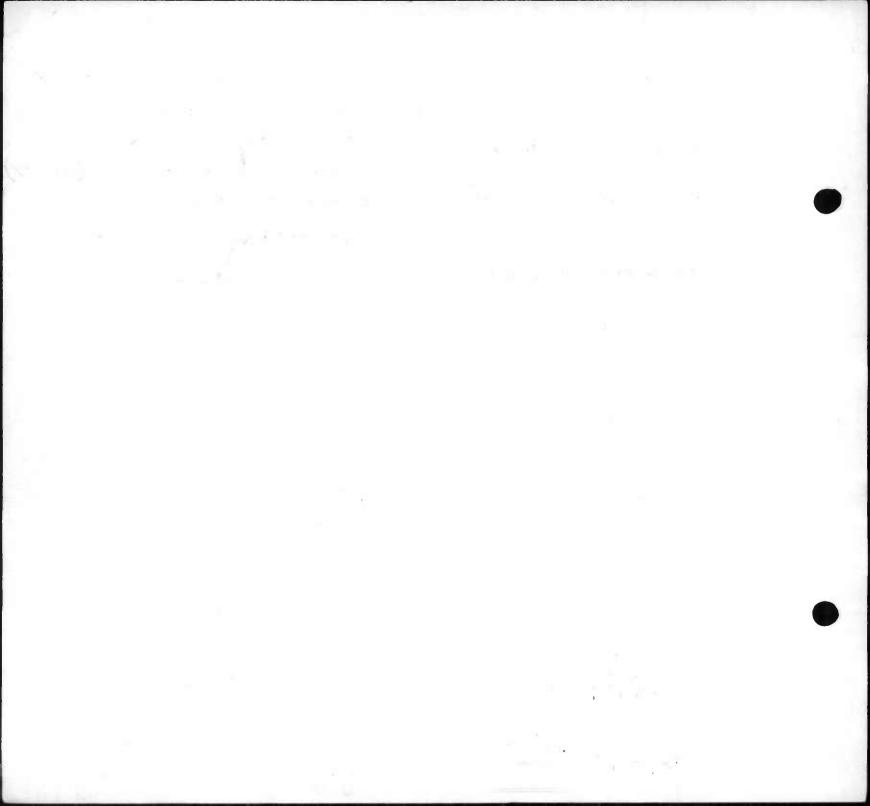
Randallstown, Md.

(City, town, or county)

B.C. # A- 11084 Chied born 4-28-1905 to Johns Rosie Donofue

2	3	0	1
This certificate must be approved by the chief medical examiner ar his assistant if death accurred in a haspital and	the body was released to the hospital by a medical examiner. Alsa, if the direct ar contributing cause af death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased Causes D.O.A. at a hospital (except where the physician wha pranounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance an the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final dispositian is made.

			HEALTH DEPARTMENT			
1	200	69 13023 CERTIFICA	TE OF DEATH REG. NO. 69 13023			
	1. N	NAME OF DECEASED (YATHERT NE	YOST 2, DATE AND HOUR OF DEATH			
	(Ту	Pe or Print CATheriNE YOST	10/20/10			
	3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution, tesidence before admission)			
	FU	ILL NAME OF UF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	MD. CITY of BALTIMORE! /) 4			
	HC IN:	ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION) STITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?			
-	, /	BON SECOURS HOSPITAL	BALTIMORE YES NO [			
9	7	SECOURS 1703PI/AL	E. STREET AND NUMBER			
ade	5. 5	SEX 6. RACE 7. MARRIED ALTERS ASSOCIATION	839 S. MONT-FORD AVE (21224			
E		MARKIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years of Under 1 Yis, If Under 24 Hrs. Months: Doys Hours Min.			
2	10A	WIDOWED DIVORCED	11 RIPTHPI ACE (Sula et faciar country)			
ositian	don	Housewife — —	11. BIRTHPLACE (Stole or foreign country)  12. CITIZEN OF WHAT COUNTRY?  13. S.			
SIP						
ро		Felix Olendrowicz	4. MOTHER'S MAIDEN NAME			
disp	15.		Josephine Sessa			
0	(Yes	s, no of unknown   (it yes, give wor or dotes of service)   SECURITY NO.				
t i		- 212-14-1543	Mr. William Yost, 839 S. Montford Ave			
0		18. 51.9 1 CAUSE OF DEATH	BETWEEN ONSET AND DEATH			
0		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	SANTROUNTERTINAL BLEEDING.			
palm		(This does not mean the mode of dying, e.g., (A) IMMEDIATE CAU	SE A CONSEQUENCE OF:			
9		heart foilure, asthenia, etc. If means the disease, injury or complication which coused death.)				
8		ANTECEDENT CAUSES	Jastie Caneirona			
910		DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS	A CONSEQUENCE OF:			
		rise to the above cause (A) stating the UNDERLYING CONDITION last (C)				
remains			***************************************			
E	NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL				
0	CAT	DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************			
=	H	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
010	CER	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19-A. DATE OF OPERATION WAS PERFORMED  21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominet)  21D. TIME (Month) (Doy) (Yearl (Hour) CAUSE OF INJURY (APPROX.)  While At Not While At Work	or obout 21 C. WHERE DID (If In Bollimore City, give exect location)			
0	AL	OR CONTRIBUTING CAUSE OF home, form, foctory, street, off DEATH (notify medical examiner)	ice bldg., INJURY OCCUR?			
0	00	21D. TIME (Month) (Doy) (Yearl (Hour) 21E, INJURY OCCURRED	21f. HOW DID INJURY OCCUR?			
gined	X	OF INJURY (APPROX.) While At Not While				
		Work At Work	10/31			
opt	- 1	22. I certify that (1) (this hospital) attended the deceased from that (1) (we) last sow the deceased alive on [2] 31	19 91 to 12/3/ 19 91			
0						
must		ond hour and from the couses stated above. (1) (We) (did) (did not) vi	lew the body ofter deoth.  238, DATE SIGNED			
E		la Atlana and Atlana				
0		OCONE.	3D. ADDRESS			
5		MANERLING P BEBUERNE 41) DECOME	1935 P. PERS PATA SLEN BURNIES AND 2061			
approval	24A	BURIAL CREMATION, 248, DATE 24C, NAME of CEMETERY OF CRE	MATORY   24D. LOCATION (City, town, or county) (Stote)			
		REMOVAL (Specify) Burial 1/3/70 Loudon Park	Baltimore, Maryland			
Written		DATE REC'D BY HEALTH DEPT. 258. NAME QF REGISTRAR	ISC FUNERAL DISCOURT			
3		JAN 2 1970 Rest E. Jaben M.D.	M. F. SADUWSKI & SONS, 1808 EASTERN AVE			
Į.	VS 1	150-REV. 1/1/68	<del>" 0 11 '1 '2</del>			



69	13024

BALTIMORE CITY HEALTH DEPARTMENT

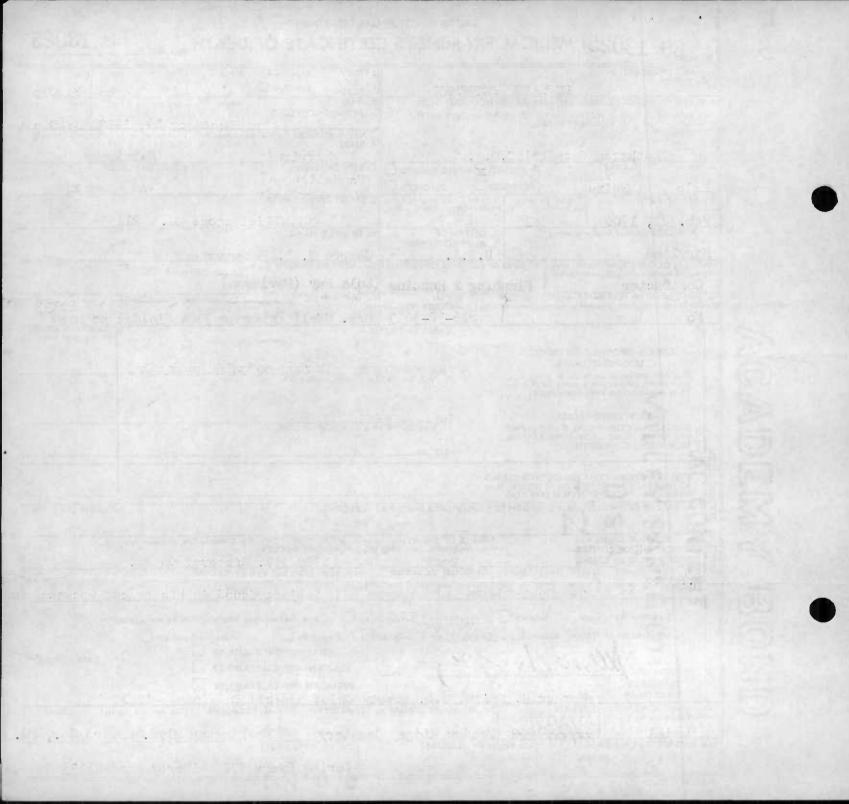
REG. NO	69 1	3024

BIRTH NO.	69	13024	CERTIFICA	TE OF DI	EATH	REG. NO	69 13024
1. NAME OF DEC	REED, RU	TH M				ND HOUR OF DEATH	1969 3:00P
3. PLACE IN BAL	TIMORE MARYLAND, W		IN CED DEAD	4. USUAL RESID	DENCE (Whe	ere deceased lived. Il in:	stitution: residence before admission)
FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU	TION, GIVE STREET	MARYLA C. CITY OR TOW	AND	N17	DE CITY EMITS? 82
40	ST. AGNE	S HOSP	ITAL	BALTIN E. STREET AND 1051 F	NUMBER	EY AVE 21	YES NO
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRT		9. AGE (In years	If Under 1 Yr., II Under 24 His.
FEMALE	WHITE	WIDOWED	DIVORCED [	11/01/	198	lost birthday)	Months Days Hours Min.
done during most of v	JPATION (Give kind of work vorking life, even if retired)	108 KIND OF	BUSINESS OR INDUSTRY	MARYLA		eign country)	U.S.A.
13. FATHER'S NAA	AE			14. MOTHER'S A		AAE	0.3.A.
ROBERT H	10BBS					LTERS )HOBE	BS
15. Was Deceased (Yes, no or unknown)	Ever in U. S. Armed For	ces? s of servicel	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
NONE			213-54-0139		GNES H	HOSPITAL RE	CORDS
18. 4/0	9 1		CAUSE OF DEATI	4	,		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEAS	E OR CONDITION DIS LEADING TO DEATH	ECILY	(A) IMMEDIATE CAU	- ( 6 x / 2 2 2 1	in Chr	K - 1 Poherana	ry Elama
heort failure,	at meen the made of asthenia, etc. It means	the disease.		A CONSEQUENCE	OF:	1000 10/11/07/0	ny cenyac
injury or complication which caused death.)  ANTECEDENT CAUSES							
DISEASES OR CONDITIONS, il any, giving  (B) Acute Myorardial Infarction  DUE 10, OR AS A CONSEQUENCE OF:						*******************************	
rise to the	abave cause (A) CONDITION last.	stating the	4.11	scleratio	/ 1.	vasiular Diseo	ue
TO THE DEATH	CANT CONDITIONS COIL BUT NOT RELATED TO THE	E TERMINAL	Ventricula		ysm o	and Revious	Lyoundial
19A. DATE OF	OPERATION 198. CON	DITION FOR W	HICH OPERATION	20A- AUTOPSY YES		208, IF YES, WERE FI	INDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUT	T WAS UNDERLYING TING CAUSE OF medical examines)	21 B. ( home elc.)	PLACE OF INJURY (e.g., ir, form, factory, street, af			(If In Boltimore	City, give exoci lacotion)
OF INJURY	(Month) (Doy) (Year)	1	INJURY OCCURRED	1	M DID IN	URY OCCUR?	
[APPROX]		Work					
22. I certify that (I) (this hospital) attended the deceased from DECEMBER 29 109 to DECEMB that (I) (we) last saw the deceased alive an DECEMBER 29 1969 and that in (my) (aur) apinion deceased alive and the deceased from DECEMBER 29 1009 to DECEMBER 20 1009 to DECEMBER							
		//			ond th	at in (my) (aur) apin	ian death accurred on the date
23A. SIGNATUR	IE	ed abave. (1)	(We) (did) (did nat) vi	ew the body of	ter death.		23 B. DATE SIGNED
Attending Med Suff Co							
23C. PHYSICIAN	rs D		DEGREE Phys.	3D. ADDRESS			12/29/69
SAL  24A. BURIAL CREM REMOVAL (S	VADOR OUIRO		DEGREE ME of CEMETERY OF CRE	ST. AGNE	<u>S HOS</u>	P:CATON & V	RYLAND 21229 VILKENS AVES , town, or county)   IState)
Burial 25A. DATE REC'D	Jan. 2.	1970 Me	eadowridge Cem	• loca const			ld.
JAN	2 1970	25R NAME OF		25C. FUNERAL			address erick Ave. Balto. M
VS 150-REV. 1/1/6				T - France		//ac 11600	OTTOK HAR. DETTO. M

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RAITIMORE	CITY	LIC AT	**LI	DED	ADTA	AENIT.	

P-365	BALTIMORE CITY HEALTH DEPARTMENT X 69 13025 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 69 13025
000	BIRTH NC.
	1. NAME OF DECEASED (Type or Print)  2. DATE Known Month Doy Yeor Hour OF DEATH Estimated 12 29 69 3.40 p.m.
	LEONARD PETERMAN DEATH Estimoted 12 29 69 3:40 p.m.  4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Doy Year Hour
16	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)  PRONOUNCED DEAD  December 29, 1969 3:40 p.m.
4	OR INSTITUTION  5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)  A. STATE  B. COUNTY
	Lutheran Hospital D.O.A. Maryland Baltimore 9 30
99	6. SEX  7. RACE  8. MARRIED NEVER MARRIED C. CITY OR TOWN  Randallstown  D. INSIDE CITY LIMITS?
	Male White WIDOWED DIVORCED KATTER YES NO X 9. DATE OF BIRTH 10.AGE (In years   # Under 1 Yr,    Under 24 Hrs.    E. STREET AND NUMBER
	lost birthdoy) Months, Doys, Hours, Min.
	11. BIRTHPLACE(Stote or foreign country) 12. CITIZEN OF 13. FATHER'S NAME
	Maryland U.S.A. George C. L. Peterman
	Maryland  U.S.A. George C. L. Peterman  14A.USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME  done during most of working life, even if retired)
	Contractor   Plumbing & Heating   Lula May (Davidson)
	16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service)  17. SOCIAL SECURITY NO.  18. INFORMANT ADDRESS 21133
	No   216-32-5833 Mrs. Udell Peterman 3604 Fieldstone Road CAUSE OF DEATH  CAUSE OF DEATH  APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY
	LEADING TO DEATH
	(This does not mean the made of dying, e.g., heart follure, osthenio, etc. it means the disease, injury or complication which caused death.)
	injury or complication which coused death.)
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE
THE STREET SEE	UNDERLYING CONDITION LAST.
	O TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 (A)
	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21. AUTOPSY? (Yes or No)
	No.
	22A. EXTERNAL CAUSE WAS  22B. PLACE OF INJURY (e.g., in or obout) 22C. WHERE DID (If th Boltimore City, give exoct location)  10
	UTING CAUSE OF DEATH.  Road  2700 blk. Reisterstown Rd.  220. TIME (Month) (Doy) (Year) (Hour)   22E.INJURY OCCURED   22F. HOW DID INJURY OCCUR?
	OF INJURY WHILE AT NOT WHILE TO
	23. 12 29 69 2:56m WORK Subject found in his truck, unconscio
	i certify that i held an inquiry Inspection X Autopsy and that an this basis, death in my apinian
	resulted from: Natural causes Accident Surcide Homicide Undetermined manner
	ACTUAL WELL OF THE SIGNED DATE SIGNED
	SIGNATURE
	NAME (Type) Werner U. Spitz, M.D. Deputy Chief Medical Examiner 12/30/69
N TO STATE OF	24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily) 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	Burial 12/29/1969 Meadow Ridge Cemetery Washington Blvd. Howard Co., Mc
REPORT AND A	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
	Loring Byers 8728 Liberty Road 21133
	VS 151-REV. 1/1/68



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

2401		BALTIMORE CITY HEA
240	69 13026	CERTIFICATE

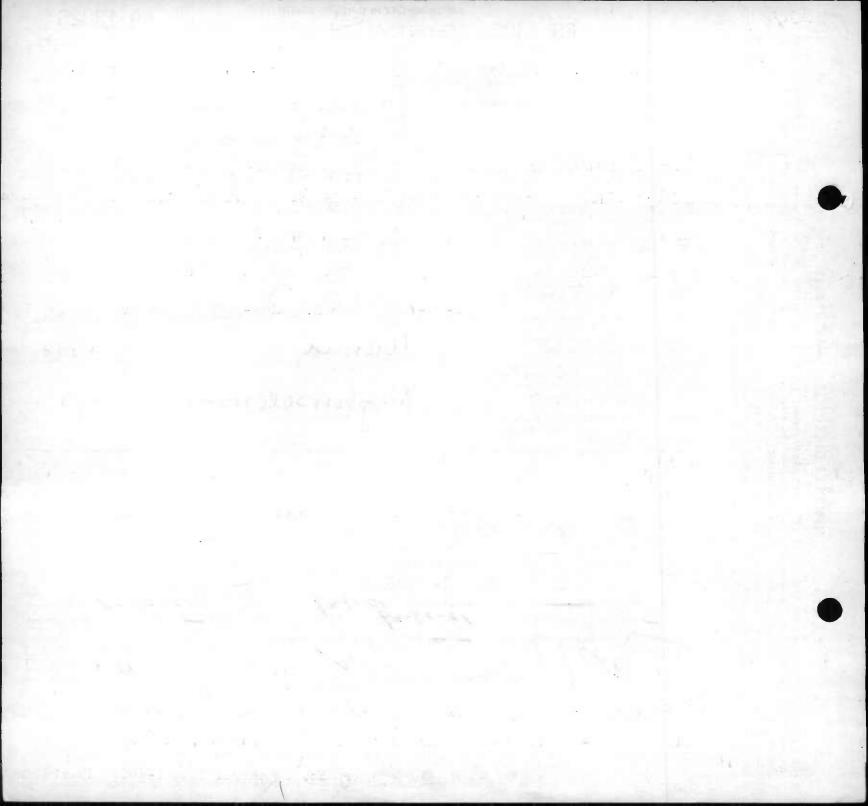
LTH DEPARTMENT 13026 REG. NO. CERTIFICATE OF DEATH

BIRTH NO.	FASED	TOOCO	CERTIFICA	2. DATE	AND HOUR OF DEAT	н .
(Type or Print)		o Caular			c.29,1969	0.45 n
	lice B. M.	CCauley	NCED DEAD	4. USUAL RESIDENCE (W. A. STATE B. CO	here deceased lived, If	institution: residence before odmission
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	TION, GIVE STREET	Maryland c. City OR IOWN	Baltimo	re 1841
INSTITUTION				Baltimore		YES NO
90	4 3 4 3 7			3605 Gwynn (		21207
Pleasa 5. SEX	int Manor Nu	-T.		B, DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 H
Female	White	WIDOWED	NEVER MARRIED DIVORCED	9-10-1895	lost birthdoy	Months Doys Hours Min.
IOA, USUAL OCCI	JPATION (Give kind of wor	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or f	oreign country)	12. CITIZEN OF WHAT COUNT
	working life, even if retired)			D 14 C 141		77.0.4
Sales L	/	<u></u>		Balto, Co, Md		USA
SEFAIRER'S NA	AJ E			- MOTHER'S MAIDEN	I WAY	
Bernar	d Fallon			Catherine	Smith	
15. Was Deceased	Ever in U. S. Armed Fo	rces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO	,, g			Irene C. Fallo	on-3605 Gwy	ynn Oak Avenue #7
18. 1/	SVI		CAUSE OF DEAT			APPROXIMATE INTERVAL
DISEAS	E OF CONDITION DE	RECTLY	1 2			BETWEEN ONSET AND DE
Distr.	LEADING TO DEATH		W	enua		1 mo
	of mean the mode of		(A) IMMEDIATE CAL	A CONSEQUENCE OF:		
	osthenio, etc. Il meons		00E 10, 0K 10	A CONSEQUENCE OF		
	plicotion which coused		W ).	0	•	1 - 2 /
	ANTECEDENT CAUSES		(8)	Demose	uni	- 1001.
DISEASES C	R CONDITIONS, if	ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:	100040004000000000000000000000000000000	
	obove couse (A)	sloting lhe				
UNDERLTING	CONDITION losi.		(c)			
7	II .					
	ICANT CONDITIONS CO					
A DISEASE OR C	ONDITION GIVEN IN PA	RT 1 (A).	CHOL OPPRING	120 A ALIPOREUS IV.	Nall 200 to year time	E EINDINGE CONTENDED
19A. DATE OF	OPERATION 198. CON		MICH OPERATION	20A. AUTOPSY? (Yes or	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
E 0		7		NO		
OR CONTRIRL	NT WAS UNDERLYING [	home	PLACE OF INJURY (e.g., e. form, factory, street, c	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR	(If in Boltim	nore City, give exoct location)
	medical examiner)	etc.)	-			
□ 21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
OF INJURY		Whil	e At Not Whi			
	Printer.	Work				
22. I certify	that (l) (th <del>is-hospita</del>	1) attended th	e deceased fram/	10-17-69		- 2.9-6.9 19
that (1) (we)	last sow the deceas	ed olive an	12-29-69	19ond		pinlan deoth accurred on the
			/	view the body after deat	h	
23A. SIGNATU		7	( Tary ( and ridt)	The body direct dear	***	23B, DATE SIGNED
John	1///	1	Att	ending Med.	Staff	1 2 2 1
10	unh X/2	uler	OEGREE Phy	ys. Director L	Phys.	12-31-69
23 C. PHYSICIA NAME (T	N'S	,		23D. ADDRESS	1 =	
	1 1	/	MA	73, M-	in Un	BILL
F.C.	MATION, 24B, DATE	UEHN 24C.NA	ME OL CEMETERY OF CE	EMATORY 124D	CAL METS.	(City, town, or county) (Stot
REMOVAL (	Specify)					
Burial	1-3-19	70 Loud	don Park Cer	metery B	altimore, Ma	aryland
2SA. DATE REC'D						
	BY HEALTH DEPT.	25B. NAME O	F REGISTRAR	25C. FUNERAL DIRECT	FOR	ADDRESS

VS 150-REV. 1/1/68

Berlige, Kally MD.

Armagost Funeral Chapel-4600 Liberty Hts



a hospital and

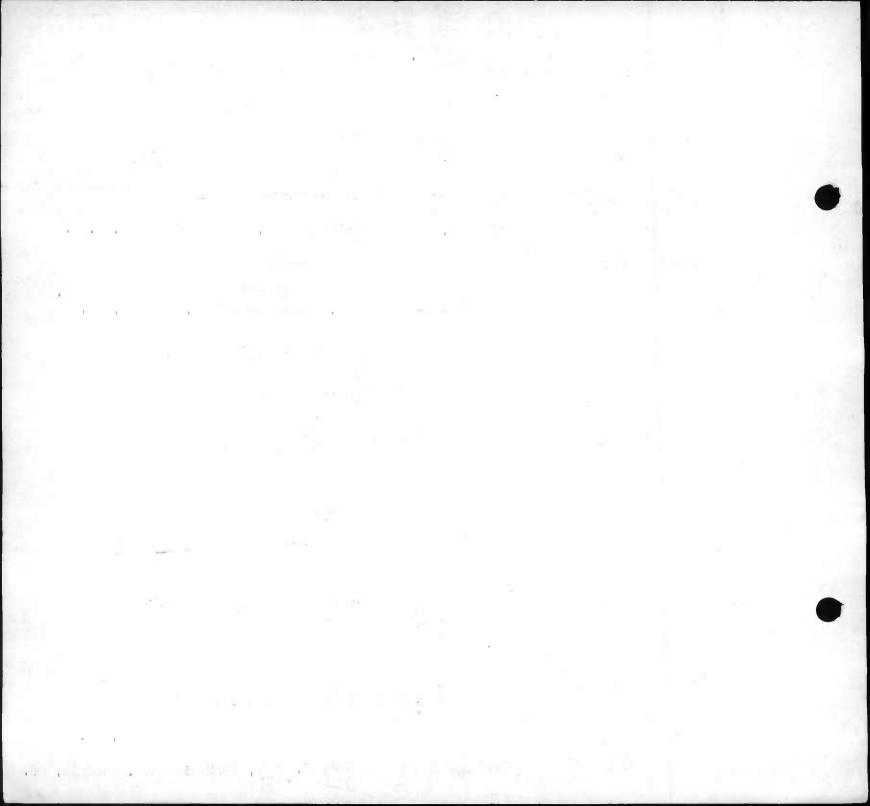
attendance

1				BALTIMORE CITY	HEALTH DEPARTMEN		69 13027		
٠	BIRT	TH NO. 69	13027	CERTIFICA	TE OF DEAT	H REG. NO.	63 13021		
Sucl	1, N	TAME OF DECEASED  pe or Print)  AAAAAA  AAAAAAAAAAAAAAAAAAAAAAAAAAA	Levarta	Harry E. Swa	rtz 2. DA	e and hour of death sec 28 196	9 8 P. M.		
death	3. F	PLACE IN BALTIMORE, MARYLANI	D, WHERE PROMO	UNCED DEAD	4. USUAL RESIDENCE A. STATE 8. C	(Where deceased lived, If ins	litution: residence before admission)		
	HO	LL NAME OF (IF NOT IN HO	SPITAL OR INSTIT	TUTION, GIVE STREET	C. CITY OR TOWN.				
4	3	Harber View	Meur	seng Home	Balto Mel YES NO [				
prior le.	9	0 12-13	Light	St	E. STREET AND NUMBER	Bond &			
mad	5. S	Male White	MARRIED WIDOWED	- IAEA EK WINKKIED	8. DATE OF BIRTH  4-1-15	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
ecea on is	done	. USUAL OCCUPATION (Give kind o	red)				12. CITIZEN OF WHAT COUNTRY?		
₽ :=		Typesetter FATHER'S NAME	Geldir	ng Co.	14. MOTHER'S MAIDEN	o. Maryland	U. S. A.		
n the dispos	100	Harold Swartz				a Burrs			
0 -	1S. V	Was Deceased Ever in U. S. Arme s, no or unknown) (If yes, give war or	d Forces? dotes of service)	1 6. SOCIAL SECURITY NO.			Ashwood Rd.		
final	_	Yes WWII		212-09-8157 CAUSE OF DEAT		Schreiber, Du	ndalk, Md.		
attendance med or fina		DISEASE OR CONDITION			Al sont	nal Ca	BETWEEN ONSET AND DEATH		
_		(This does not meen the mode heart loiture, asthenia, etc. It m			A CONSEQUENCE OF:	1001			
ula mb		injury or complication which co		8	June	7			
are e		DISEASES OR CONDITIONS,	il ony, giving		A CONSEQUENCE OF:	0 4			
		rise to the obove couse UNDERLYING CONDITION los		(c) YSL	n./350				
ın was ii remains	NO	OTHER SIGNIFICANT CONDITIONS							
ician he re	AT	DISEASE OR CONDITION GIVEN IN 19A. DATE OF OPERATION 19B.	PART 1 (A).	WILLIAM ORDATION	20 A. AUTOPSY? (Yes	a. No. 208 Is yes were s	INDINGS CONSIDERED		
physicia ore the	CERTIFIC	WAS	PERFORMED	WHICH OPERATION	N O	IN CERTIFYING CAU	SES OF DEATH?		
No physi before t	AL	2TA. ACCIDENT WAS UNDERLY!	NG 21E	B. PLACE OF INJURY (e.g., i me, form, foctory, street, of )	n or obout 21 C. WHERE D	ID (If in Boltimore	City, give exact location)		
d (6) N ained b		21 D. TIME (Month) (Day) (		E. INJURY OCCURRED		D INJURY OCCUR?			
od (		(A PPROX.)	W				X		
obt		22. I certify that (I) (this has that (I) (we) lost saw the dec			/ 1/		Ian death occurred an the date		
th)		and hour and from the causes					ian dearn occurred an the date		
death); must be o		23A. SIGNATURE		7			23B, DATE SIGNED		
0 0		23C. PHYSICIAN'S	100	DEGREE Phy	nding Med. Director Director	Staff Phys.	12/29/49		
prior		NAME (Type)	MA	AY/82 DEGREE	8716	Thornty	2 Rd. 2220		
eceased prior to rritten approval		REMOVAL (Specify) Burial  12/3		odlawn Cemeter			dlawn, Md. (State)		
dece	25 A	A. DATE REC'D BY HEALTH DEPT.		OF REGISTRAR	John J. Di	uda, 7922 Wise	Ave. Dundalk, Md.		

VS 150-REV. 1/1/68

was D.O.A. deceased

John J. Duda,



## BALTIMORE CITY HEALTH DEPARTMENT

69 13028

69 13028

RIG	TH NO.	MEI	DICAL E	XAMINER'S	CERTIFI	CATE OF	DEAT	H REG. NO.		1.001	
1. 1	NAME OF DEC		GRAVES	3	2. DATE OF DEATH	Known 🔼	Month Decem	ber 26,	Year 1969	2:07	A. M.
		TIMORE, MARYLAND,			3. DATE	INICED DE 4D	Month	Doy	Year	Hour	
HO:	L NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOC		TION, GIVE STREET	PRONO	UNCED DEAD	Decem	ber 26,	1969	12:07	A. M.
OR	INSTITUTION	Johns Hopkins	Hospit	al	A. STATE	esidence (where Maryland		ed. Il institution: B. COUNTY	residence b	33	ssian)
6. 5	SEX	7. RACE	B. MARRIED	NEVER MARRIED	C. CITY OR		~~	D. INSIDE CIT	Y LIMITS?	- Sand	
M	ia1e	Negro	WIDOWED			Baltimore		YE	s X	NO 🗆	
9. [	AJE OF BIRTH	1 10. AGE (		Inder 1 Yr. II Under 24 Hrs. hths: Doys , Hours , Min.	E. STREET	ND NUMBER					
7	Th. 11.1	945 20			3	2621 E. Ch	ase St	reet			
11.	BIRTHPLACE (S	tate or fareign country)	12.	CITIZEN OF WHAT COUNTRY?	13. FATHER	S NAME	1.	/			
	Pall	a. emd.			1100	RW S	rus	re!			
		ATION (Give kind of work orking life, even If retired)	148. KIND OF	BUSINESS OR INDUSTRY	Was Mothe	R'S MAIDEN NAM	NE NOW	w			
		D EVER IN U.S. ARME (If yes, give wor or dotes		17. SOCIAL SECURITY NO.	18. INFORI	MANT (	hans	al AD	DRESS		
	19.	161	A	CAUSE OF DEA	TH/	1	-1010			PROXIMATE II	
	DISEASI	OR CONDITION DIRE	CTIV		0				BEIW	EEN ONSET A	IND DEATH
		EADING TO DEATH		(A)IMMEDIATE C	AUSE G	unshot wou	nd of	abdomen			
	heart failure,	at mean the made of d asthenio, etc. It means th plication which coused de	e diseose,		AS A CONSEC	UENCE OF:					
		ITECEDENT CAUSES OR CONDITIONS, IF AN	Y. GIVING	(8) DUE TO, OR	AS A CONSE	QUENCE OF:					
	RISE TO THE	ABOVE CAUSE (A) STA	TING THE								
N O				(c)							
CERTIFICATION	TO THE DEA	II IFICANT CONDITIONS C ITH BUT NOT RELATED TO CONDITION GIVEN IN F	THE TERMINA								
RT				WHICH OPERATION WA	S PERFORM	IED			21. AUTO	PSY? (Yes	or No)
Ü	2,								V	es	
3		NAL CAUSE WAS	228.	PLACE OF INJURY (e.g.,	in or obout 2	2C. WHERE DID (	If In BoltImore	City, give exac		8/10	7
EDI		GOR CONTRIB-	nam	e, farm, factory, street, office club	e bidg., etc.)	1100 N. Ru	tland	AveE.	Morel	and Cl	
		Manth) (Doy) (Yea		22E. INJURY OCCURRED		2F. HOWDID INJ	URY OCCU	R? KO	DUDITO	id III - L I	00
l l	(APPROX.) 1	2-22-69 12:	25 A. m.	WHILE AT NOT WORK AT W	WHILE ORK	Shot durin	ng alte	rcation			
	23.				_						
			nquiry		topsy	and that on th			7		
	result	ed from: Natural can	Isos   A	Accident Suicid				ed manner L	J		
	ACTUAL	1.1	Maller	2 Kmc		CHIEF MEDICAL E				DATE SIG	NED
	SIGNATU		rauce	M.D	•	STANT MEDICAL EX					
	NAME (T	ype) Isldor		akis, M.D.		CIATE MEDICAL E	XAMINER .	Dec	ember	26, 1	969
24 A	BURIAL CREM	MATION, 248. DATE	/ 2	AC. NAME of CEMETERY	or CREMATO	RY 24D. L	OCATION	(Sity, town,	or county)	(Sto	te)
254	DATE REC'D	BY HEALTH DEPT.	1/69 1258/NAM	CAPILL / ILL	tt. (e	WERAL DIRECTO	501	Frede	uck 4	N	
	JAA	12 1970 2		Tabley M.D.	The	Elter En	Flyl	esun 1	129	M.Ca	Mens .
VS	151-REV. 7/1/68	A / 100 40	9 /		0/						

SSEED OF WHICH IN STREET MERICAL CHESSES TO DISCUSS SERVICE . 机型 经货币价 超 治性

FUNERAL DIRECTOR: IMPORTANT	JI
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	TI
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	,
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	1
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	15
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	1
secondates an assessment according to the secondary and a secondary to the secondary of the secondary of the secondary and the secondary of th	1

H-

	BALTIMORE CITY	HEALTH DEPARTMENT
- 1	69 13029 CERTIFICA	TE OF DEATH REG. NO. 69 13029
- 1	I. NAME OF DECEASED	
	(Tues as Bird)	2. DATE AND HOUR OF DEATH
	HOERL, EFFIE ETTER Etta	DECEMBER 27, 1969 12:30 Am.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND BALTIMORE 21228
	INSTITUTION ST AGNES HOSPITAL	C. CITY OR TOWN  D. INSIDE CITY LIMITS?
- 1		BALTIMORE YES NO KX
	CATON & WILKENS AVENUES	E. STREET AND NUMBER
6	BALTIMORE, MARYLAND 21229	BISHOP LANE 5300
8	5. SEX 6. RACE 7. MARRIED XX NEVER MARRIED	
E	EEWALE MILITE	ligst birthday Months Doys Hours Min.
2	FEMALE WHITE WIDOWED DIVORCED	04/06/11 58"
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
<u> </u>		Greenville, TENNESSEE U.S.A.
=	HOUSEWIFE & Meter   Qil Company	
Ö		14. MOTHER'S MAIDEN NAME
aisposition	Joseph M. Ricker	<b>E+BB+E</b> Lyda A. Belt
	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
TING	(Yes, no or unknown) (If yes, give wor ar doles af service) SECURITY NO.	ST AGNES HOSPITAL'S RECORDS CATON &
	NO 218-14-8238	
0	18. LA CAUSE OF DEATH	WILKENS AVES V APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	DEIWEEN ONSELAND DEATH
9	LEADING TO DEATH	se sub machinosol
paumed	(This does not meen the made of dying, e.g., DUETO, OR AS	CONSEQUENCE OF:
	heart failure, asthenio, etc. It means the disease, injury at complication which caused death.)	14 acigos range
E	ANTECEDENT CAUSES	
	(8)	SE Sub arachnoid A CONSEQUENCE OF: 1 Hacigos rehage Cerebral aneuryon.
are	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS rise to the above cause (A) stating the	A CONSEQUENCE OF:
	UNDERLYING CONDITION last. (C)	
remains	11	
Ĕ	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
0	IO THE DEATH BUT NOT RELATED TO THE TERMINAL	
0	DISEASE OR CONDITION GIVEN IN PART 1 (A).	[20A. AUTOPSY? (Yes or No.)] 20B. IF YES. WERE FINDINGS CONSIDERED
Ē	WAS PERFORMED	IN CEPTEVING CALLESS OF DEATH?
Derore	19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	NO NO CAUSES OF BEALTY
2	OR CONTRIBUTING CAUSE OF	or about 21 C. WHERE DID (If In Boltimare City, give exact location)
	DEATH (natify medical examiner)	2000
0	1 21D-TIME (Month) (Dov) (Year) (Hand 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	WOR — A: WOR	t-read
100	22. I certify that (1) (this hospital) attended the deceased fram DE(	CEMBER 22 1969 10 DECEMBER 27 1969
	that (0 (we) last saw the deceased alive an DECEMBER 27	
		du the date
must	and hour and from the causes stored above. (We) (did) ((i)) (x) vi	
E	14 11/11/11/21	23R. DATE SIGNED
	DEGREE Phys.	ding Med. Staff Nhys. 12/27/69
Š	23C.PHYSICIAN'S	3D. ADDRESS
2	NAME (Type)	T ACUE
approva	24A BURIAL CREATION DIS BATT	ST AGNES HOSPITAL BALTO MD 21229
	24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C.MAME of CEMETERY of CRE	MATORY 24D, LOCATION (City, town, or county) (Stole)
9	D 1 2 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ery Baltimore, Maryland
	25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR	2SC. FUNERAL DIRECTORING Funeral Estate  ADDRESS
\$	AN 2 1970 Robert El Jake (MA)	willy Juneral > 1101-
	VS 150-REV. 1/1/68	1 736 Edmondson Ans
	14 194-UP 16 (1 11 0 B	Catonsville, Md. 21228

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	CO 42020 BALTIMORE CITY	HEALTH DEPARTMENT 69 13030				
	DIKITI IVO. 10 1 Paris 1 1 1 1 1	TE OF DEATH REG. NO.				
	1. NAME OF DECEASED  (Type of Print) CHESNO JR. THOMAS EDWARD	DECEMBER 28 1969				
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE   Where deceased lived, If institution; residence before admission)				
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MD. 2.834				
		C. CITY OR TOWN D. INSIDE CITY LIMITS?  BALT I MORE  YES THE NO CO				
- 1	HOST AGNES HOSPITAL WILKENS & CATON AVES.	E. STREET AND NUMBER				
6	BALTIMORE, MARYLAND 21229	502 C GLEN ALLEN DRIVE				
E	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in yoors If Under 1 % If Under 24 His. Months; Doys Hours; Min.				
2	MALE WHITE WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUSTRY	09/02/69 3 26				
disposition	done during most of working life, even it retired)  CHILD none	MARYLAND 12. CITIZEN OF WHAT COUNTRY?				
200	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
disp	THOMAS CHESNO SR.	MARY VAN HOLLEN				
- 11	15. Wos Deceosed Ever in U. S. Armed Forcos? Yes, no or unknown) (It yos, give wer or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS				
	NO none none	ST AGNES HOSPITAL RECORDS				
o	DISEASE OR CONDITION DIRECTLY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
Deu	LEADING TO DEATH	se Respiratory arrest				
2   3	(This does not mean the made al dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar complication which caused death.)	A CONSEQUENCE OF:				
E	ANTECEDENT CAUSES Pulm	Monary atelectasis  SA CONSEQUENCE OF:  GOCELE C hydrocephalus, nemny fis, Septicemia				
979	de la					
vs	UNDERLYING CONDITION last. (c)					
remain	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	(c) preumonia				
0 10	TO THE DEATH BUT NOT RELATED TO THE TERMINAL  DISEASE OR CONDITION GIVEN IN PART 1 (a),					
-	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A), 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 1 21B PLACE OF INJURY (AS IN	20A-AUTOPSY? IYes of No. 20B. (F YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
9 11	Co contrate to the land to the	YES				
9	DEATH (notity medical examiner)	inco bidg., INJURY OCCUR?				
9	OF INJURY OCCURRED	21F. HOW DID (NJURY OCCUR?				
5	(APPROX.) Work At Work					
00	22. I certify that XIX(this hospital) attended the deceased from	OWEMBER 30 19 69 10 DECEMBER 28, 19 69				
0	that NK(we) last saw the deceased alive on DECEMBER 28	19 69 and that In (MyX (our) opinion death accurred an the date				
must	and haur and from the causes stated abave. (*) (We) (did) (dyd)(h)(t) vi	ew the body offer death.  238, DATE SIGNED				
	Propert Physics	ding Med. Stoff				
DAO	23C. PHYSI CIAN'S NAME IType)	BALTIMORE MARYLAND 21229				

BURIAL Dec. 30, 1969 Balto. Nat. Cemt. BALTIMORE, MARYLAND

25A, DATE REC'D BY HEALTH DEEL 25R NAME OF REGISTRAR

JAN 2 1970 Policy Englishman 25C, FUNERAL DIRECTORY Suneral Estate Address

VS 150-REV. 1/1/68

DEGREE

ST

AGNES

HOSPITAL

24D. LOCATION

WILKENS

3

CATON

AVES

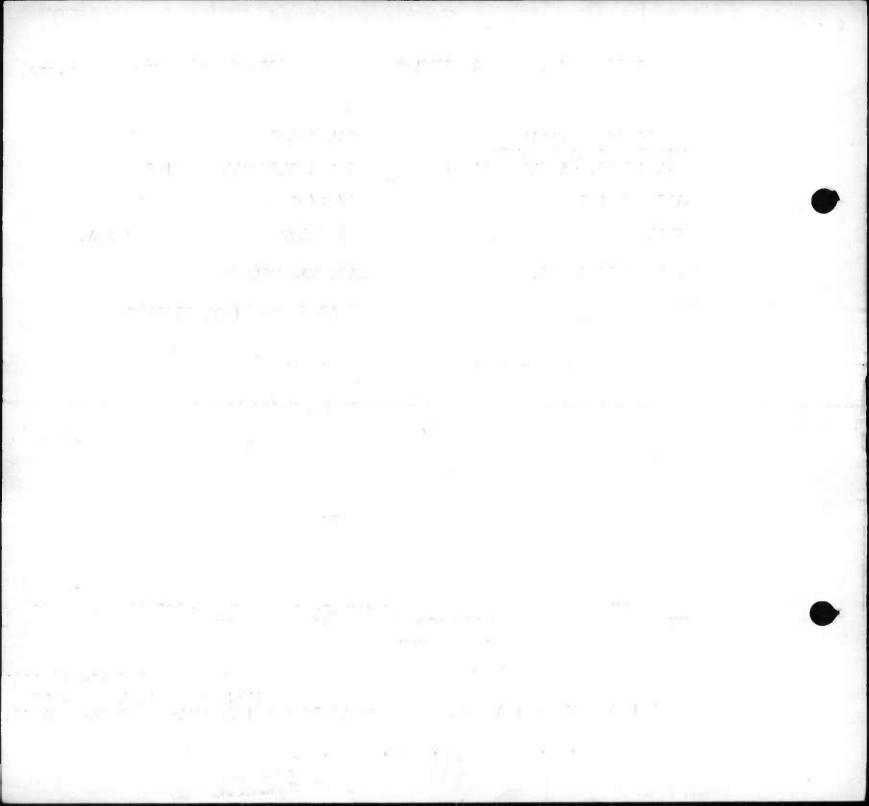
APIBUMYOPAS

248. DATE

24A. BURIAL CREMATION, REMOVAL (Specify) KRITA

MD.

24C. NAME of CEMETERY OF CREMATORY



Such

death.

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attendance (2) cause

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death Deceased

of

a hospital

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH BIRTH NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Pright USUAL RESIDENCE (Where deceased STATE B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD lived. Il institution: residence before admission) A. STATE FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR TOWN INSIDE CITY LIMITS YES & prior STREET AND NUMBER is made. S. SEX 6. RACE DATE OF BIRTH 9. AGE (In years If Under 1 Yr. NEVER MARRIED 7 7. MARRIED deceased Months Doys lost birthday WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY? disposition most of working life\_even if retired Chemical Plant nule 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 0 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 17. INFORMANT 6. SOCIAL or final SECURITY NO. attendance No -03-7100 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF embal heart failure, asthenia, etc. ft means the disease, regular injury or complication which coused death.) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A rise to the above cause (A) sloting the UNDERLYING CONDITION lost. the remains Was 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A) 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION WAS PERFORMED before 27A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, loctory, street, office bldg., INJURY OCCUR? AL o Z DEATH (notify medical examiner) etc.) obtained MEDI 21 D. TIME (Month) (Doy) (Yeor) (Hout) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY While At Not While p (APPROX.) At Work Work and 22. I certify that (I) (this haspital) attended the deceased from 19 0 that (1) (we) last saw the deceased alive an. be death) and have and from the causes stated above. (1) (Was (2001) (did not) view the body after death. must 23A. SIGNATURE Attending [ Med. Shaff 0 Phys. Director approval 23C. PHYSICIAN'S prior

20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (II in Boltimore City, give exoct location) and that In(my) (out) oplinian death accurred an the date 23 B. DATE, SIGNED 23D. ADDRESS 24C. NAME of CEMETERY OF CREMATORY town, or county Cedar Hill 258 NAME OF REGISTRAL George of Gonce Baltimore. Md.

NO

Hours

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

ADDRESS

If Under 24 Hrs.

NAME (Typel

248. DATE

69

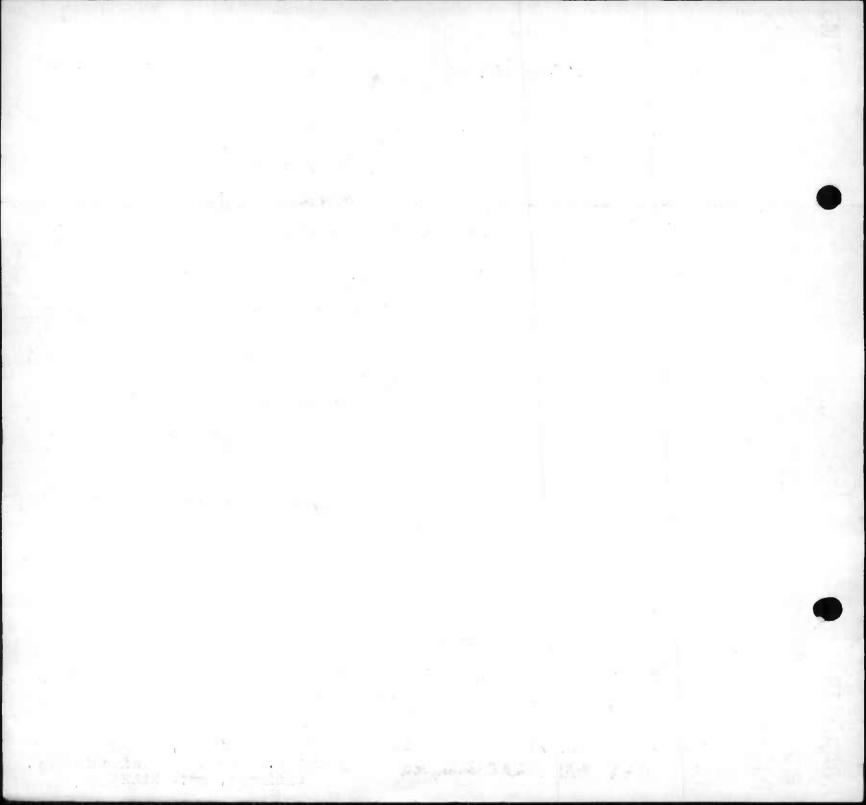
24A. BURIAL CREMATION.

REMOVAL (Specify)

25A. DATE REC'D BY HEALTH DEPT.

VS 150-REV. 1/1/68

Burial



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the
written approval must be obtained before the remains are embalmed or final disposition is made.

	69 130	22	HEALTH DEPARTMENT TE OF DEATH	REG. No.	69 13032
	BIRTH NO.  1. NAME OF DECEASED (Type or Print)	OEKTITICA.	2 DATE AN	ID HOUR OF DEATH	
	SHORI	TAMES Mari	10/-	30 /69	1.55 A M.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO FULL NAME OF (IF NOT IN HOSPITAL OR IN: HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	STITUTION, GIVE STREET	4. USUAL RESIDENCE (Who A. STATE B. COUN  HARY HAD  C. CITY OR TOWN	PASADE	pitulion: jesidence before odmission)  DE CITY LIMITS?
	SINAI HOSPITAL	OF BATTIMORE	E STREET AND NUMBER	11	YES NO
	42		Box 320-	204 All 57	KRET
	MAKE WhITE WIDOW		4/9/10	9. AGE (in years lost birthday)	Months Doys Hours Min.
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working life, even if refired)		11, BIRTHPLACE (Stote or lore	ign country)	12. CITIZEN OF WHAT COUNTRY?
	Painter Bet	h. Steel Co.	/ (EDI) U C/	29	U.S.A.
	John Short		14. MOTHER'S MAIDEN NA	McKnight	
	15. Was Deceased Ever In U. S. Armed Forces? Yes, no or unknown) (II yes, give wor or dates of servic NO	16. SOCIAL SECURITY NO. 704 07 6759	LEID 10642	/ H.O.	SINAI HOSPITAI
	18. 170.4	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CANALEDIATE CALL	GENERALISED	CARCINOM.	tous 2 Mounths
	(This does not mean the mode of dying, e heart foilure, asthenia, etc. II means the disea	DOC 10, 01 10 1	CONSEQUENCE OF:		
	injury or complication which coused death.)  ANTECEDENT CAUSES	METAS	TASIC CARCIA	WOMA OF	1: 1
	DISEASES OR CONDITIONS, it any, givi	(B) BONES	A CONSEQUENCE OF:	ATUIA, KIGATI	hip 2 Mounths.
	rise to the obove couse (A) stoting UNDERLYING CONDITION lost.				
	- 11				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	IG AL	*************		
	194. DATE OF OPERATION 1198. CONDITION FO	R WHICH OPERATION	20A. AUTOPSY? (Yes or No	208, IF YES, WERE F	INDINGS CONSIDERED SES OF DEATH?
	OR CONTRIBUTING CAUSE OF DEATH (notify modical exomine)	21B PLACE OF INJURY (e.g., in home, farm, foctory, street, off etc.)	or obout 21 C. WHERE DID ce bidg., INJURY OCCUR?	(II In Boltimors	City, give exoct locotion)
	S OF INJURY	21 & INJURY OCCURRED  White At   Not While	21F. HOW DID INJ	URY OCCUR?	
Ш	UTITIONS .	Work LJ At Work			
	22. I certify that (I) (this hospital) attende		12/29/69	9ta	
	that (1) (we) last saw the deceased alive o			ot in (my) (our) opin	Ion death occurred on the date
	ond hour and from the causes states above	• (I) (We) (dld) (dld not) vi	ew the body ofter deoth.		238, DATE SIGNED
	Hoge	Blace	ding Med.	Staff Phys.	12/30/69
	PAGAN  23C. PHYSICIAN'S  NAME (Type)  ROGAN	1 H.D. 2	3D. ADDRESS	ray de seem	7-707
		NAME OF CEMETERY OF CREA	MATORY 24D. LC	OCATION (City	, town, or county) (State)
	Burial 1/2/70	Mt. Olivet	I	Baltimore.	Mæryland
		E. Jaber M.D.	George Balti	Gonce 400:	Ritchie Hgy. 21225
11	/\$ 150-REV. 1/1/68			LINOT C 1 INCL	

ANTHORN PARTIES Bex 30 204-16 - 160 -35 (45/4 therto cay 15 110,000 40 ... contract the first section Markey of the control of offects balogies

6-152

	00 49092	ALTIMORE CITY HEALTH DEPARTMENT REG. NO. 69 13033
	BIRTH NO.	ERTIFICATE OF DEATH A MOUNT.
	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED D	DEAD  2. DATE AND HOUR OF DEATH  12-26-69  4. USUAL RESIDENCE (Where desposed lived. If institution: residence before admission)
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GI	HARY LAND Anne Arune 21061
	SINAI HOSPITAL OF BAITIM	
90	5. SEX   16. RACE   17. MARRIED   August	109 RIDGELY RD. 5200
IS MG	MALE WhitE WIDOWED I	DIVORCED 72-5-19 lost birthdoy) Months Doys Hours Mine
position	Charfer TRUCK DI	RIVER BALTIMORE HD (1.5.A)
dispos	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, na or unknown) all yes, give were or detector, service)  SECU	ALITY NO. 17. INFORMANT/91-5. Audrey Gibbons (Wife) ADDRESS AME AS  109-2934 DR ROGAN S (NA) HOSPITAL.
0 2		USE OF DEATH  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
90	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	JIMMEDIATE CAUSE BRONCHO PNEUMONIA GUSERKI
E	(This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. it means the disease, injury or camplication which caused death.)	DUE TO, OR AS A CONSEQUENCE OF:
E	ANTECEDENT CAUSES	ANAPLASTIC CARCINOMA METASTATIC 8 MONTHS -
NS OF	DISEASES OR CONDITIONS, if any, giving rise to the above cause (At stating the UNDERLYING CONDITION tast, (C)	
E		
9 6	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  1994 DATE OF OPERATION 1998 CONDITION FOR WHICH OP	
0	11-5-69 WAS PERFORMED BIOPS	PELVIS PARCIAL IN CERTIFYING CAUSES OF DEATH?
Dero	OR CONTRIBUTING CAUSE OF home, lorm, lo DEATH (notify medical examiner)	FINJURY (e.g., in or obout 21 C. WHERE DID octory, street, office bidg., INJURY OCCUR?
5	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY CONTROL (APPROX.)	OCCURRED  21 F. HOW DID INJURY OCCUR?  At Work
ODIC	22. I certify that (i) (this haspital) attended the deceas	
0		26-69 19 120 P. Hand that In(my) (our) opinion death occurred on the date
T I I I	and hour and from the causes stated theye. (1) (We) (di	23B, DATE SIGNED
		OFFICIENT Phys. Attending Med. Director Phys. D 4 - 26 - 69.
approva	23C. PHYSICIAN'S NAME (Type)  LEY B  ROGAN M.	23D. ADDRESS
2 2	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CE.	EMETERY OF CREMATORY 24D. LOCATION (Gity, lawn, or county)
	25a. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTR.	law n Cemetery 13 a 1 to 1911-
	JAN 2 1970 P.B. B E Jake	RAR 25G. EUNERAL DIRECTOR SINGLE FOR FUNERAL HOME
4.10	VS 150-REV. 1/1/68	

Section of the sectio HERELD S STEEL HEAVIED ALONE STORE HE SEPTOL OF BUTTONES FOR DUFFILE 5 2 6 733 1 2 B 31 11 Ale 2 Al 12 - 20 Charger TRUCK DRIVER PAINTER HID I SIR Same de l'athems de la constitue de la constit PRELIGHE PLEMERING GREEKERS Pupplied To Programs Without Williams VALUE OF A STATE THAT THE STATE OF THE STATE 2 1/4 E/11 23 - 35 - 60 the best of the second second second

69 13034

6	9	1	3	0	3	4
10	_	-	-	-	-	-67

	NAME OF DEC pe or Print)						2. DATE	Known 🗆	Month	Doy	Yeo	or Hnur	
			MES AI				OF DEATH	Estimoted [	Decemb	er 25,	1969		M.
	PLACE IN BAL						3. DATE		Month	Doy	Ye	or Hour	
HO	IL NAME OF SPITAL INSTITUTION	(IF NOT	I IN HOSPITA SS OR LOCA	AL OR INSTIT TION)	UTION, GI	VE STREET		RESIDENCE (Whe	Decemb		1969		-
	Me:	rcy Hos	pital			(DOA)	A. STATE	Maryland	E	B. COUNTY		40	1
6.		7. RACE	-	B. MARRIE	D NE	VER MARRIED	C. CITY O			D. INSIDE C	ITY LIMIT	TS?	
I	Male	White	2	WIDOWE	р	DIVORCED		Baltimore		Y	res 🛚	NO 🗆	
	DATE OF BIRTH		10. AGE (li	yeors I	f Under 1 'Nonths   Do	Yr. If Under 24 Hrs. ys   Hours   Min.	E. STREET	AND NUMBER					
	lan. 23,		49					613 E. Ba	ltimore	Street	t		
11.	BIRTHPLACE (S				WHAT	N OF COUNTRY?		R'S NAME	0 4				
AA		ltimor			0.5	ESS OR INDUSTRY		ames W		en			
lon	e during most of w	orking lile, eve	en Il retired)	////	/ BUSIN	ESS OR INDUSTRI							
6	WAS DECEASE	D EVER IN I	J.S. ARMER	FORCES	117. 5	OCIAL	Ida	,		A	DDRESS		
Yes	, no or unknown)	(il yes, give w	or or dotes	of service)	4,15	OCIAL ECURITY NO. 01 2320		Thelma F	Tracent				Cum Ma
	19.	w.w.	TT		HIT	CAUSE OF DEA		ILIETIME I	1522011	(8190	er)	APPROXIMATE	,
	(This does no heart failure,	EADING TO of meon the osthenio, etc. plicotton which	mode of dy	diseose,		(A) IMMEDIATE C		atty live	r			************	P 0 11-0 11-0 01 11-0 01 01 01 01 01 01 01 01 01 01 01 01 01
NO	DISEASES C RISE TO THE	PRECEDENT OF CONDITION ABOVE CAUSE CONDITION C	ONS, IF ANY	, GIVING TING THE		(B) DUE TO, OR	AS A CONSI	EQUENCE OF:					
CERTIFICATION	DISEASES OF RISE TO THE UNDERLYIN OTHER SIGNITO THE DEAD DISEASE OR	OR CONDITION ABOVE CAL GONDITION OF CONDITION OF CONDITION OF CONDITION OF CONDITION OF CONDITION OF CONDITION	ONS, IF ANY USE (A) STATON LAST.  II IDITIONS CORELATED TO GIVEN IN PA	ONTRIBUTIN THE TERMIN ART 1 (A)-	AL	DUE TO, OR					21. AU	JTOPSY? (Ye	or No)
	OTHER SIGNI TO THE DEA DISEASE OR	OR CONDITION ABOVE CAL ABOVE CAL ABOVE CAL ABOVE CAL ABOVE A	ONS, IF ANY USE (A) STATON LAST.  II IDITIONS CORELATED TO GIVEN IN PA	ONTRIBUTIN THE TERMIN ART 1 (A). NOTION FO	AL OR WHICI	(C)	AS PERFOR	MED				Yes	s or No)
EDICAL CI	OTHER SIGNITO THE DEAD DISEASE OR 20A. DATE OF UNDERLYING UTING CAL	R CONDITION ABOVE CAL G CONDITION IFICANT CON THE BUT NOT CONDITION OPERATION NAL CAUSE Y OR CONT JSE OF DEAT	ONS, IF ANY ISE (A) STA' ON LAST.  II DITIONS CORELATED TO GIVEN IN PA	ONTRIBUTINTHE TERMINART 1 (A).	OR WHICH	(c)	AS PERFOR	MED	(if in Baltimore	City, give ex		Yes	s or No)
MEDICAL	OTHER SIGNITO THE DEAD DISEASE OR 20A. DATE OF 22A. EXTERN UNDERLYING UTING CAU	R CONDITION ABOVE CAL G CONDITION IFICANT CON THE BUT NOT CONDITION OPERATION VAL CAUSE Y OR CONT JSE OF DEAT	ONS, IF ANY ISE (A) STA' ON LAST.  II DITIONS CORELATED TO GIVEN IN PA	ONTRIBUTINTHE TERMINART 1 (A)- NOTITION FO	B. PLACE	OF INJURY (e.g., lociory, street, office	In or about bidg., etc.)	MED				Yes	or No)
MEDICAL	DISEASES CRISE TO THE UNDERLYING  OTHER SIGNITO THE DEAD DISEASE OR  20A. DATE OF  22A. EXTERN UNDERLYING UTING CALL 22D. TIME (OF INJURY (APPROX.)  23.   certification of call of ca	R CONDITION ABOVE CAL G CONDITION IFICANT CON TH BUT NOT CONDITION OPERATION  NAL CAUSE N OR CONT JSE OF DEAT Month) (De fy that I he ed from: Not RE RES TS	ONS, IF ANY ISE (A) STA' ON LAST.  II DITIONS CO RELATED TO GIVEN IN PARTIES.  II 20B. CON NAS TRIB-  TH. ODY (Year of the control cau	ONTRIBUTIN THE TERMIN ART 1 (A). NOTION FO    222   ho   (Hour)   m	B.PLACE me, lorm,  22E.INJ WHILE A. WORK  Insp Acciden	OF INJURY (e.g., lociory, street, office with the control of the c	AS PERFORI	MED 22C. WHERE DID INJURY OCCUR? 22F. HOW DID IF	this basis, d Undetermin EXAMINER	leath in my	opinio	Yes	GNED
MEDICAL	DISEASES CRISE TO THE UNDERLYING  OTHER SIGNITO THE DEAD DISEASE OR  20A. DATE OF  22A. EXTERN UNDERLYING UTING CAL  22D. TIME (OF INJURY (APPROX.))  23.   certification of the property of t	R CONDITION ABOVE CAL GENERAL CONDITION IFICANT CON ITH BUT NOT CONDITION OPERATION  NAL CAUSE Y OR CONT JSE OF DEAT Month) (Deat fy that I he ed from: No RE	ONS, IF ANY ISE (A) STA' ON LAST.  II DITIONS CORRECTED TO GIVEN IN PARTICIPATION (Year One) (Year	ONTRIBUTION THE TERMINART 1 (A).  VOITION FOR THE TERMINART 1 (A).	B.PLACE me, lorm,  22E.INJ WHILE A. WORK  Insp Accider  akis,	OF INJURY (e.g., lociory, street, oflice  URY OCCURRED  I NOT AT W  ection Aut  M.D.  ME of CEMETERY	WHILE ORK HASS	MED  22C. WHERE DID INJURY OCCUR?  22F. HOW DID IF  and that on omicide  CHIEF MEDICAL ISTANT MEDICAL OCIATE MEDICAL OCIATE MEDICAL	this basis, of Undetermine EXAMINER EXAMINER EXAMINER LOCATION	leath in my ed manner  Dece	opinion	Yes  DATE SIG	GNED
MEDICAL	DISEASES CRISE TO THE UNDERLYING OTHER SIGNITO THE DEAD DISEASE OR:  20A. DATE OF  22A. EXTERN UNDERLYING UTING CALL 22D. TIME (OF INJURY (APPROX.))  23.   certification of the control o	R CONDITION ABOVE CAL G CONDITION IFICANT CON ITH BUT NOT CONDITION OPERATION  VAL CAUSE V OPERATION  fy that I he ed from: No IRE	ONS, IF ANY ISE (A) STA' ON LAST.  II DITIONS CORRECTED TO GIVEN IN PARTICIPATE TO TO GIVEN IN PARTICIPATE THE CORP. (Year of the corp.)	ONTRIBUTION THE TERMIN ART 1 (A).  NOTION FOR THE PROPERTY OF	B.PLACE ome, lorm,  22E.INJ WHILEA WORK  Insp Accider akis,  24C.NAA	OF INJURY (e.g., loctory, street, office of the control of the con	WHILE ORK  ASS  ASS  OF CREMATO	MED  22C. WHERE DID INJURY OCCUR?  22F. HOW DID IF  and that on omicide  CHIEF MEDICAL ISTANT MEDICAL OCIATE MEDICAL OCIATE MEDICAL	this basis, of Undetermine EXAMINER EXAMINER EXAMINER LOCATION	leath in my ed manner  Dece	opinion	Yes  DATE SIG	GNED

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THE SERVICE OF THE SE

M-215	69 j	3035	MEDICA	AL EX	BALTIMORE CITY HEA			DFAT	н	69	13035
	BIRTH NO.						0, (1, 2, 0,		REG. NO	)	
	1. NAME OF DEC		R.			2. DATE OF	Known 🔲	Month	Doy	Yeor	Hnur
	4. PLACE IN BAL		BBIN	DEATH 3. DATE	Estimoted	12	23	69	7:41 рм.		
33	FULL NAME OF				ON, GIVE STREET	The second second	INCED DEAD	Month	Doy	Yeor	Hour
	OR INSTITUTION	ADDRESS	OR LOCATION)			5. USUAL RE	SIDENCE (Where		mber 23		
74	Johns	Honkin	s Hospit	a1 n	ΟΔ	A. STATE	aryland	B. COUNTY			
	6. SEX	7. RACE			NEVER MARRIED	C. CITY OR			D. INSIDE	CITY LIMITS?	
	Male	White		OWED	_	Balto				YES	NO 🗆
	9. DATE OF BIRTH		0. AGE (In years	If Un Month	der 1 Yr, If Under 24 Hrs.		ND NUMBER	127			
	3/14/1947		22			4127 B	alsern Rd	L27 Ba	Lfern A	venue,	21213
	11. BIRTHPLACE (S	tole or foreign	country)		HALCOUNTRY?	13. FATHER'		C			
	Balt	imore. N	Id.	U	S. A. USINESS OR INDUSTRY		chard J. I		oin		
	done during most of w	orking lile, even	ii retired)				argaret ('		Macouh	hin	
	16. WAS DECEASE	D EVER IN U.	S. ARMED FOR		f Baltimore	18. INFORM		reves)		ADDRESS	07.07.0
	(Yes, no or unknown)  NO	(If yes, give wor	r or dotes of serv	rice)	17. SOCIAL SECURITY NO. 220-52-2750		aret Macci	abbin.			21213 Avenue
	19.304	9			CAUSE OF DEAT					A	PPROXIMATE INTERVAL
	DISEASE	OR CONDITI	ON DIRECTLY							DE 1	WEEN CHOSE I AND DEATH
		EADING TO D			(A) IMMEDIATE C	AUSE	Intrave	nous n	arcotis	sm	
	heort foilure,	osthenio, etc. It plication which	ode of dying, e. means the disease coused death.)	ie,	DUE TO, OR A	S A CONSEQ	JENCE OF:				
	DISEASES C	R CONDITION	AUSES NS, IF ANY, GIVI E (A) STATING T	NG	(B) DUE TO, OR	AS A CONSEC	UENCE OF:				
	I UNDERLYIN	G CONDITION	N LAST.	ine	(c)						
	O THE DEA	TH BUT NOT RE	ITIONS CONTRI	RMINAL	***************************************		<u> </u>				
	20A. DATE OF				VHICH OPERATION WA	S PERFORM	ED			21. AUTO	PSY? (Yes or No)
	0 2									V	ES
	UNDERLYING	OR CONTRI		22B. Pl	ACE OF INJURY (e.g., if form, foctory, street, office	in or obout 22	C. WHERE DID (	If In Boltimor	e City, give e	xoct location)	40
	B UTING □ CAL	JSE OF DEATH									
	OF INJURY (APPROX.)	Month) (Doy	Yeor) (H			WHILE	F. HOWDID IN	JURY OCCL	JR?		
	23.	fy that I halo	on Inquiry		Inspection Aut		1 41-4 41	1 - 1 - 1 -	1 4 1		
			ural causes								
	163011	)	1 0	. / /	cident [ ] Suicide		HIEF MEDICAL E		ned monner		
	ACTUAL	pr A las	ed V	Illu	ble	ASSIS	TANT MEDICAL E				DATE SIGNED
	SIGNATU	R'S			M.D.		CIATE MEDICAL E		_		
	NAME (T)		Ronald		ornblum, M.D				12/	24/69	
	24A. BURIAL CREM REMOVAL (Specify	()	. DATE	17.1	. NAME of CEMETERY			OCATION		n, or county	(Stote)
	Burial		2/29/196		rraine Pale				re, Md.		
	25A. DATE REC'D	IAN 2	1970 02	-	FREGISTRAR A.D.	Sch	imunek Fu 3331 Bre			ADDRESS	21213
AND THE RESERVE OF THE PARTY OF	VS 151-REV. 1/1/68		. 1	1 /	0 1	0 (	101		<u>52</u>	LUMOre	, Hd.

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# BALTIMORE CITY HEALTH DEPARTMENT

69 13036 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 69 13036	6
I. NAME OF DECEASED (Type or Print)  WILLIAM J.LONG  2. DATE OF Worth Month Doy Yeor Hour	
DEATH Estimated December 6, 1969	M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  3. DATE  Month  Doy  Yeor  Hour  PRONOUNCED DEAD	
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET PRONOUNCED DEAD  OR INSTITUTION  (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  December 6, 1969 2:25 P  3. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	• M.
1730 N. Charles Street  A. STATE Maryland  B. COUNTY  12.05	,
6. SEX 7. RACE B. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY LIMITS?	
Male White WIDOWED DIVORCED Baltimore YES X NO	
9. DATE OF BIRTH   10. AGE (In years   M Under 1 Yr. II Under 24 Hrs.   E. STREET AND NUMBER   Months, Doys   Hours   Min.   Min.   1730 N. Charles Street   21201	
10-11-1900   69   1730 N. Charles Street 21201	_
Wlimington Del. WHAT COUNTRY? U.S.A. John J. Long	
I 4A. USUAL OCCUPATION (Give kind of work I 4B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if retired)	
Seaman Merchant Marine Nellie Mooney	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL 18. INFORMANT ADDRESS	
(Yes, no or unknown) (I yes, give wor or doles of service)  SECURITY NO.  551-16-5794 Pauline M. Street 303 E. 28th. Street.	}
19. CAUSE OF DEATH  APPROXIMATE INTERV BETWEEN ONSET AND D	
DISEASE OR CONDITION DIRECTLY Arteriosclerotic cardiovascular disease	
LEADING TO DEATH  (A)IMMEDIATE CAUSE	
(This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. it means the disease, injury or complication which caused de oth.)	
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  11  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21. AUTOPSY? (Yes or No.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL LIE DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No.	٥)
22A. EXTERNAL CAUSE WAS 228. PLACE OF INITIRY (e.g. in or about 22C. WHERE DID (II is Rollings City about 22C.)	
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB.  UTING CAUSE OF DEATH.  22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (II in Boltimore City, give exact location) home, form, foctory, street, office bldg., etc.) INJURY OCCUR?	
OF INJURY (HOUR) (HOUR) 22E. HAJURY OCCUR?	
(APPROX.) m. WHILE AT NOT WHILE AT WORK AT WORK	
1 certify that I held on Inquiry Inspection X Autopsy and that on this basis, death in my opinion	
resulted from: Notural causes X Accident Suicide Homicide Undetermined monner	
CHIEF MEDICAL EXAMINER	
SIGNATURE CHARLES ASSISTANT MEDICAL EXAMINER DATE SIGNED	
EXAMINER'S NAME (Type) Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER December 7, 1969	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)	
Burial 12/30/1969 Baltimore Cemetery E. North Ave. &Rose Street	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	
JAN 2 1970 Robert & Jacker A. Schimunek Funeral Home, 3331 Brehms Lane	3

CO	13037	
00	TOUGI	

BALTIMORE CITY HEALTH DEPARTMENT CENTIFICATE OF DEATH

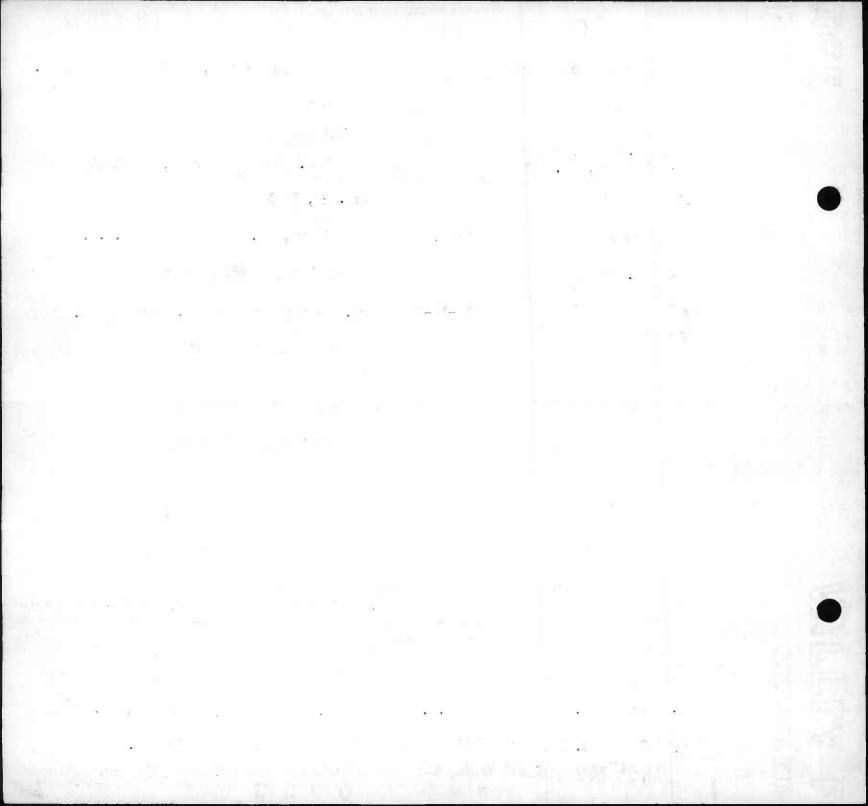
69 13037 REG. NO.

> ADDRESS 3331 Brehms Lane

	TH NO.	AIL OI D	2. DATE AND HOUR OF DEATH	1	
(Тур	Frank Themas Green	December 26, 1969 2 P.			
3. F	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RES	IDENCE (Where deceased lived. If	institution: residence before admission	
FU1 HO	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET SPITAL OR ADDRESS OR LOCATION)	Mary C. CITY OR TO		SIDE CITY LIMITS?	
	At Home	Baltim	ore	YES X NO	
	401 N. Streeper Street	E. STREET AN	D NUMBER		
(	OB altimore. Md. 2122h	401	N. Streeper Street	21.2211	
s. s		B. DATE OF BIE	RTH 9. AGE (In years	If Under 1 Yr., If Under 24 Hrs	
	male white WIDOWED DIVORCED	Oct. 25	1897   lost birthdoy)	Months Days Hours Min.	
10A.	USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR			12. CITIZEN OF WHAT COUNTRY	
	e during most of working life, even if retired)				
	Contractor Own Business		ore, Md.	U.S.A.	
3. [	FATHER'S NAME	14. MOTHER'S	MAIDEN NAME		
	John W. Green	Lav	ina Marshall)	.21	
S. V	Was Deceased Ever in U. S. Armed Forces?   16. SOCIAL	17. INFORMAN		ADDRESS	
Yes	s,na ar unknawn) (If yes, give war or dates of service) SECURITY NO.				
	yes 2 WW1 217-18-3308	Mrs. The	resa Green 401 N.	Streeper St. 21221:	
	18.412,4   CAUSE OF DEA	ТН	.0 01	BETWEEN ONSET AND DEATH	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  CLOCK  LEADING TO DEATH	renocuca	hal Tuilure	12-22-69	
	(A)IMMEDIATE CA	USE		12 72 07	
	heart failure, asthenia, etc. It means the disease,	S A SNSEQUENC	E OF:		
	injury or complication which coused death.)		AUX		
	ANTECEDENT CAUSES USTELLOS	clinater	C.V. Wisiaco	+	
		S A CONSEQUEN	CE OF:		
	rise to the obove couse (A) stating the UNDERLYING CONDITION tost.	elecon	41 amplesson	6-22-62	
	II.		7		
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	6			
ATIC	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Lin	<u> </u>		
U	19 A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A. AUTOP	SY? (Yes or No) 20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?	
ERTIFI	O home WAS PERFORMED Royal		2me 10 CERTIFIED C	AUSES OF DEATH!	
S	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, form, foctory, street,	in or about 21 C. V	WHERE DID (If in Baltime	ore City, give exact location)	
AL	OR CONTRIBUTING CAUSE OF home, form, foctory, street, etc.)	a directions, 1143 OF	200		
DIC	21 D. TIME (Month) (Day) (Year) (Hour) 21 E. INJURY OCCURRED	21 F. H	IOW DID INJURY OCCUR?		
ME	OF INJURY While At D Not Wh	ile 🗀			
	(APPROX.) Work Work	ke lad	hone		
	22. I certify that (1) (this hospital) attended the deceased from	6.77	19to	2-26 1964	
	that (1) (we) last sow the deceased alive on 12-22-64	19	ond that In (my) (and) or	oinian deoth occurred on the do	
	and hour and from the causes stated above. (1) (We) (did) (didatat)				
- 1	23A. SIGNAPORE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		23 B. DATE SIGNED	
			Med. Staff	12 78-10	
	DEGREE		Director L Phys. L	12-27-69	
	23C. PHYSICIAN S- NAME (Type)	23D. ADDRESS			
	Dr. Emmanuel A. Schimunek M.D. DEGRE	842 S.	East Avenue, Balt	imore. Md. 21224	
24A	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF C	REMATORY	24D. LOCATION	City, town, or county) (State)	
			tery 5505 Frederic		
25A	. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR		AL DIRECTOR	ADDRESS	
	JAN 2 1978 Robert E. Farber, M.D.	SCUIL	nunek Funeral Home	JJJI Brenns, Lane	

25B. NAME OF REGISTRAR Pales E. Jaskey K.D.

VS 150-REV. 1/1/6B



1 H-130 BI I. (Ty

			BALTIMORE CITY I	HEALTH DEF	ARTMENT						
69 :	13038	MEDICAL	EXAMINER'S	CERTII	ICATE	OF	DEAT	H REG. NO.	69	1303	8
	FCFACED			11							
NAME OF D	ECEASED	Time		II2. DATE	Known	- IX	Month	Day	Year	Maria	

BIRTH NO.	JW SOOG		LAAMII 1LK 5 C	REG. NO. 03 18030
I. NAME OF DE	CEASED	RT HEF		2. DATE Known Month Doy Yeor Hour
				OF DEATH Estimoted   December 24, 1969
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD				3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION OR INSTITUTION			ITUTION, GIVE STREET	PRONOUNCED DEAD December 24, 1969 4:10 H
				5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before dimission A. STATE  B. COUNTY
	ltimore City			Maryland 26.36
6. SEX	7. RACE	B. MARRI	ED MEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male	White	WIDOW	ED DIVORCED	Baltimore YES NO NO
9. DATE OF BIRT	lost birth	(In years	Under   Yr.    Under 24 Hrs.   Months   Doys   Hours   Min.	
April 2.	1897	12		1113 Tennant Way 21224
	State or loreign country)		2. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
Oh			II.S.A.	Unknown
one during most of v	IPATION (Give kind of wor working life, even Il retired	KI48. KIND	OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME
Trimmer-	Lathe opera	tor 0	wen Yacht Co.	Ina Thomlinson
16. WAS DECEAS	ED EVER IN U.S. ARMI	D FORCES	7 17. SOCIAL SECURITY NO.	18. INFORMANT & ADDRESS
Yes	WWI	. 01 3011100	309-10-1313	E Allan Bishop 5712 McCormick Ave. 2120
19.	-1		CAUSE OF DEA	TH APPROXIMATE INTERV
DICEAC	T OR CONDITION DIE	FCTIV	Arterioscler	otic cardiovascular diseage
	E OR CONDITION DIR LEADING TO DEATH	ECILI		
(This does n	not mean the made of a	lying, e.g.,	(A) IMMEDIATE C	AUSE AS A CONSEQUENCE OF:
heart failure	e, osthenio, étc. It meons ti aplication which coused d	e diseose,	000,000	IN A CONSEQUENCE OF:
		,		
	NTECEDENT CAUSES		(8)	
RISE TO THE	OR CONDITIONS, IF AN	ATING THE	DUE TO, OR	AS A CONSEQUENCE OF:
UNDERLIT	NG CONDITION LAST.		(c)	
2				
OF TO THE DEV	ILIFICANT CONDITIONS C	THE TERMIN	NG NAL	
DISEASE OR	CONDITION GIVEN IN	PART 1 (A).	OR WHICH OPERATION WA	
S S S S S S S S S S S S S S S S S S S	OF EXAMINITY POUR CO	HADIIIOIA F	OK WHICH OPERATION WA	AS PERFORMED 21. AUTOPSY? (Yes or No
10				No
UNDERLYING	NAL CAUSE WAS GOR CONTRIB- USE OF DEATH,	2 h	2B. PLACE OF INJURY (e.g., ome, lorm, foctory, street, olfice	In or about 22C. WHERE DID (if in Soltimore City, give exact location)  bldg., etc.) INJURY OCCUR?
≥ 22D. TIME	(Month) (Doy) (Yes	or) (Hour)	22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.)			· ·	WHILE -
23.				
1 cert	ify that I held on	Inquiry _	Inspection X Aut	tapsy and that on this basis, death in my opinion
result	ted from: Natural ca	uses X	Accident Suicid	
	00	1	11, 0	CHIEF MEDICAL EXAMINER
ACTUAL	hart	Q J.	d-th	ASSISTANT MEDICAL EVAMINED TO DATE SIGNED
SIGNATU	EDIC	13	M.D.	
NAME (T	ype) Charle	s S. S	pringate, M.D.	ASSOCIATE MEDICAL EXAMINER LJ December 25, 196
24A. BURIAL CREA REMOVAL (Specific	MATION, 248. DATE		24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, lown, or county) (Stote)

Schimunek Funeral Home, 3331 Brehms Lane

Burial Dec. 27,1969 Holy Redeemer Cemetery Belair Road, Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.

25B. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR

ADDRESS

Schimunek Funeral Home, 3331 Brehms La VS 151-REV. 1/1/68

m codbas w, 1987 Touris To Section 15 and 16 and 1 THE RESERVE SHEET OF THE PART OF SMALL in regular deceased pr

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No physician was

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IMPORTANT DIRECTOR: FUNERAL

CERTIFICATE OF DEATH BIRTH NO. 2. DATE AND HOUR OF DEATH 1. NAME OF DECEASED Joyee pesser (Type or Print) Desember 26, 1969 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD MARYLAND (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMIT YESXX NO BALTIMORE The Johns Hopkins Hospital E. STREET AND NUMBER 629 N. COLLINGTON AVE. Baltimore, Maryland made 5. SEX 6. RACE B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months! Doys If Under 24 Hrs. 7. MARRIED X NEVER MARRIED WHITE 10-5-14 FEMALE WIDOWED DIVORCED disposition is 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? dane during most of working life, even if retired) Self Employed West Virginia Beautician U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Barbara 15. Was Deceased Ever in U. S. Armed Farces 6. SOCIAL 17. INFORMANT ADDRESS final (Yes, na ar unknown) (If yes, give war ar dotes of service) SECURITY NO. 21205 220-03-5589 Nicholas Besser no 2317 E. Madison Street CAUSE OF DEATH 0 BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY balmed LEADING TO DEATH Cardiac arrest 15 minutes (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF hearl failure, asthenio, etc. It meons the disease, injury or complication which caused deoth.) em ANTECEDENT CAUSES Massive intracerebral hemorrhage are DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stoling the (c) Severe systemic hypertension before the remains UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes at No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 218, PLACE OF INJURY (e.g., in at about 21C. WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING (If in Baltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) MEDIC obtained 21 D. TIME (Manth) (Day) (Year) (Haur) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) XXX XXX 22. I certify that (1) (Mischespital) Strended the deceased from December 23. 1969 to December 26. 1969 . that (1) (1) (1) I last saw the deceased alive on December 26. 19 69 and that in (my) (out) opinion death occurred on the date and hour ond from the couses stated above. (1) (We) (did) (did not) view the body ofter death. 23A. SIGNATURE 23 B. D. ATE SIGNED Attending [ 5taff Med. Shaff Phys. 12/26/69 erra Director L approval 23D. ADDRESS 23C. PHYSICIAN'S NAME (Type) 601 N. Broadway, Baltimore, Md., 21205 George H. Saek, Jr., M.D. 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION

Baltimore National Cemetery 5505 Frederick Ave. Balto. Md.

Schimmen Funeral Home 3331 Brehms Larle

25C. FUNERAL DIRECTOR

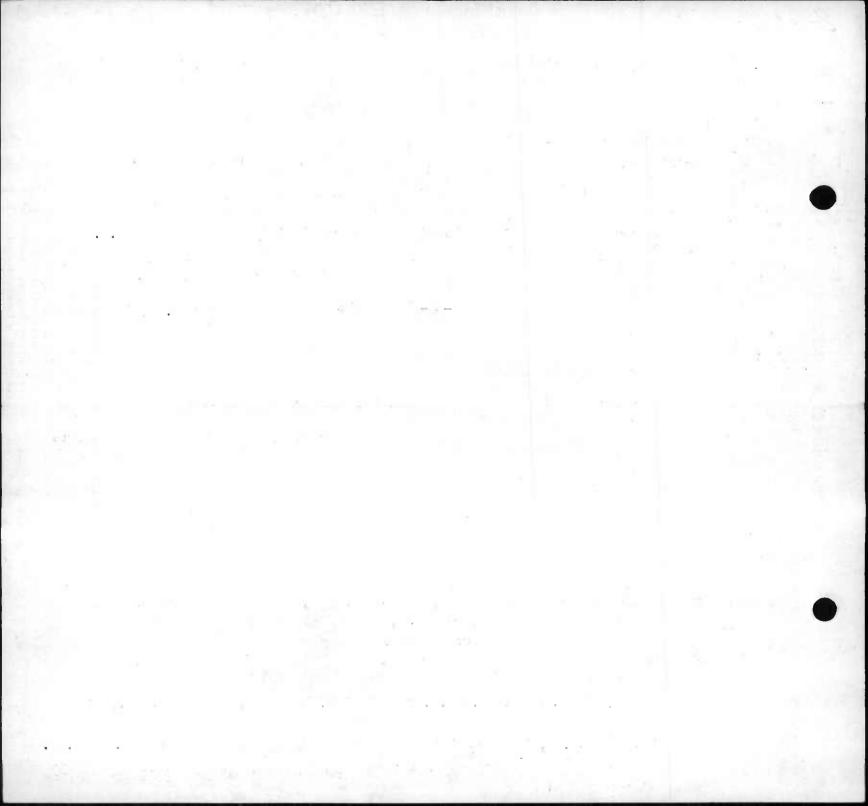
VS 150-REV, 1/1/6B

REMOVAL (Specify)

25A. DATE REC'D BY HEALTH DEPT.

Dec.30,1969

258. NAME OF REGISTRAR



VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

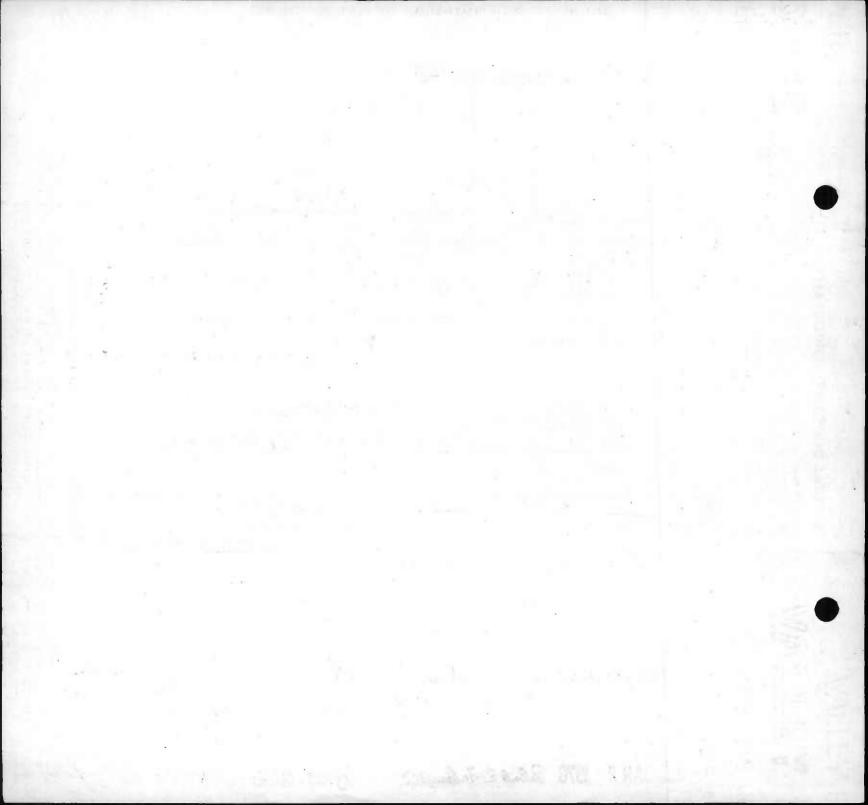
69

13040

CERTIFICATE OF DEATH

REG. NO. 69 13040

BIRTH NO.	TE OF BEATH
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or Print) CLAYROAN CHE C	ALE 12/27/69. 1045 PM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
	A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Md.
INSTITUTION ADDRESS OF FOCATION	C. CITY OR TOWN  D. INSIDE CITY LIMITS?
3 3JOHNS HOPKINS HOSPITAL	RAHMORE YES NO [
TOWNS HOLICINS MOSKILLE	E. STREET AND NUMBER
	3108 W. Rogers Ave
S. SEX   6. RACE   7. MADDIED   NEVER MADDIED	B. DATE OF BIRTH 9, AGE (In years   II Under 1 Yr., If Under 24 Hrs.
S. SEX O. RACE NEVER MARRIED NEVER MARRIED	lost birthdoy Months Doys Hours Min.
WIDOWED DIVORCED	0/17/0 39
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working lile, even if retired)	Dogat 1/2
MECHANIC Unaperso no	DEUTTIEJA UH.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
MACIL M. CALE	LUSE FITLGEFALA
IS. Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	B. 1 /1.1
	Reaula Call Tille
18. / CAUSE OF DEAT	
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAL	USE CARDIO RESPIRATORY ARMOST
heart failure, asthenia, etc. It means the disease.	A CONSEQUENCE OF:
injury ar camplication which caused death.)	prefuse
ANTECEDENT CAUSES	MONIMU DISEASE
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	L MON SKY DISEASE
UNDERLYING CONDITION last. (C)	OL MONARY EMBOLIO
O THER SIGNIFICANT CONDITIONS CONTRIBUTING	
E TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes of No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i	
OR CONTRIBUTING   CAUSE OF   home, form, foctory, street, or	
DEATH (notify medical examiner) etc.)	
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
White As = New White	
(APPROX.) Work At Work	
22. I certify that (1) (this haspital) attended the deceased from	12/16 10 (7 10 12/27 10 (9
	19 6/10 10/22 19 67
that (I) (we) lost sow the deceased alive on 12/22	19_6.7ond that in(my) (our) opinion death occurred on the date
ond hour and from the couses stated above. (1) We (did) (did not) v	riew the body ofter deoth.
23A. SIGNATURE	23B. DATE SIGNED
DO DE	ending Med. Shaff   12/22
ROLAN COPTENTO M, UDEGREE Phy	s. Director Phys. L
23C. PHYSICIAMS NAME (Type) M.D.	23D. ADDRESS BALTIMOR E, MD.
RAIDH DEEROWAN	TOHAIS HOPE PAID HOCPPIM
24A. BURIAL CREMATION, 24B. DATE   24C. NAME of CEMETERY OF CAL	
REMOVAL (Specify)	1 0 0 1100
Xuud 17/27/67 Culous (Oly	ichel I will va.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAL	25C FUNERAL DIRECTOR / ADDRESS
14110 6000 04	· VIIII I NATIONALIA



VS 150-REV. 1/1/68

5-53

69	13045

BALTIMORE CITY HEALTH DEPARTMENT

V			00
	REG.	NO.	 00

10011

69 13041 CE	RTIFICA	TE OF DEATH	X REG. NO	69 13041
1. NAME OF DECEASED			ND HOUR OF DEATH	
SMITH, FREDERIC	CK BENT		MBER 22, 1	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DE	AD	A. STATE B. COU	ere deceased lived. If in NTY	stitution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION, GIVEN ADDRESS OR LOCATION)		C. CITY OR TOWN	Baltu.co.	DE CITY LIMITS?
ST AGNES HOSPI		BALTIMORE E. STREET AND NUMBER		YES NO
WILKENS & CATO	A HAED.		IDOE DD	
5. SEX 6. RACE 7. MARRIED X NEVER	21229	1405 CLAIR	9. AGE (In years	II Under 1 Yr., If Under 24 Hrs.
	IV ORCED	05-29-27	last birthdoyl	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS		11. BIRTHPLACE (Stote or lor	eign country)	12, CITIZEN OF WHAT COUNTRY?
done during most of working life, even if refired	ARYLAND	MARYLAND		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	1004
BENTON SMITH		MARIE STER	GER	7
15. Was Deceased Ever in U. S. Armed Forces? 116. SOCIA	iL 7	I7. INFORMANT		ADD#FSS
	NO.	RECOR	DS BA	LTIMORE S MD 2122
	28249		USPITAL WI	LKENS & CATON AV
DISEASE OF CONDITION DIRECTLY				BETWEEN ONSET AND GEATH
LEADING TO DEATH	MMEDIATE CAUS	E METASTAT	IC CA	
heart failure, asthenia, etc. It means the disease.				
injury or complication which coused deoth-l	SPIN	IF I PLOBAR	GLY DEA.	
ANTECEDENT CAUSES (B)	CA	60114		
DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stating the	DUE TO, OR AS A	CONSEQUENCE OF:		
UNDERLYING CONDITION last. (C).	**********		*************************************	
z II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPE WAS PERFORMED  21A-ACCIDENT WAS UNDERLYING 121B. PLACE OF				
A DISEASE OR CONDITION GIVEN IN PART 1 (A).	RATION	20A. AUTOPSY? (Yes of N	o) 208 IF YES WERE F	INDINGS CONSIDERED
WAS PERFORMED		NO	IN CERTIFYING CAL	INDINGS CONSIDERED JSES OF DEATH?
OR CONTRACTOR OF CAMERA	INJURY (e.g., in	or about 21C. WHERE DID	(II In Boltimore	E City, give exoct location)
DEATH (notify medical examiner)	noify allees sint	Story, Madri Occor.		
DEATH (nofily medical examiner)  21D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OF INJURY		21F. HOW DID IN	JURY OCCUR?	
(APPROX.) While AI Work	Not While At Work			
22. I certify that *() (this hospital) attended the decease	ed from 11-	14-	19 69 to 12-2	2- 19 69
that (X) (we) lost saw the deceased alive or DECEMB	ER 22			
ond hour and from the couses stated above. (We) (did				
23A. SIGNATURE	XXXX			23B, DATE SIGNED
M Cabeling	Attend Phys.	ding Med.	Shaff Phys.	12/22/69
23C. PHYSICIAN'S NAME (Type)	DEGREEI	D. ADDRESS	BALTO	
M CARLLING	S	T AGNES HOSP	TAL WILKE	
PARTIEN 246 DATE 249 NAME of CENTREMOVAL (Specify)	AFTERY OF CREA			y, town, or county) (Stote)
	veary	1	Tallo G	2 1
25A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRA		25C. SUNERAL DIRECTO	1.11	AGDRESS NO
JAN 2 110 Robert E. Jaben	M.D.	(1///////////	anus 606	Maldonellex

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VS 150-REV. 1/1/68

BALTIMORE	CITY	HEALTH	DEPARTMENT

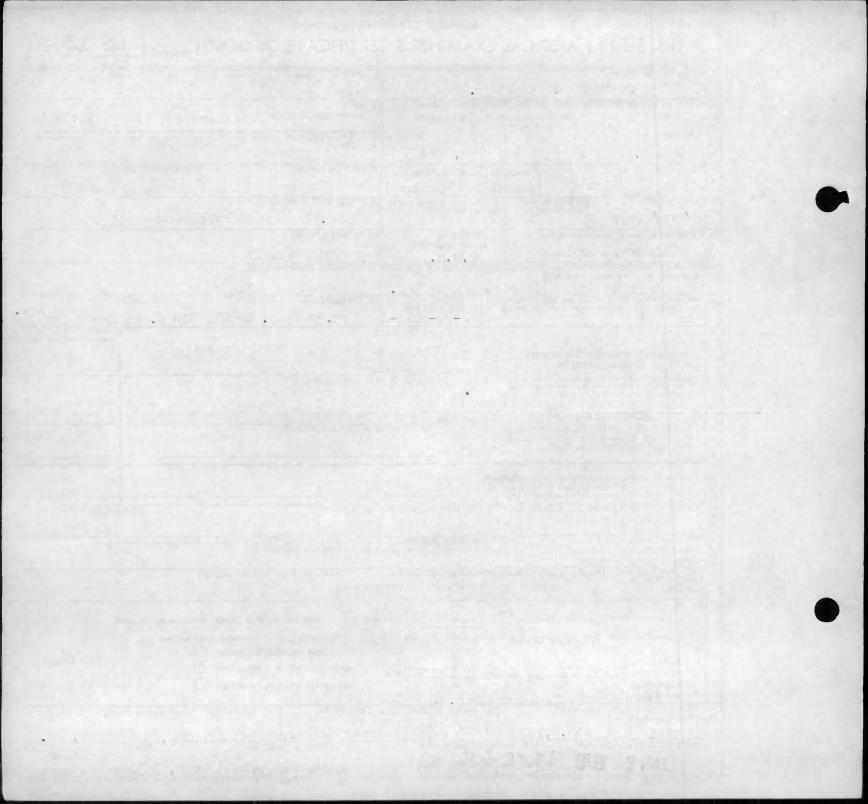
		PI NAME AND ASSESSED.		00	40
TIFICATE	OF	DEATH	REG. NO	69	10

69 13042 CERTIFICA	TE OF DEATH REG. NO. 69 13042
I.NAME OF DECEASED Martin	ATE OF DEATH
(Typa or Print) QLBERT M. MAYER	2. DATE AND HOUR OF DEATH  12 - 29 - 69 1 10 15/ P.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, V institutions residence before admission)
	A. STATE & COUNTY
FULL NAME OF   (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	Baltinore YES NO 1
37 MED 110-0	E. STREET AND NUMBER
31 MERCY HOSP.	4826 Truesdale Ave 21206
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years II Under 1 Yr. If Under 24 Hrs. Manths; Days Hours; Min.
MIDOWED DIVORCED	//18/18 /
IDA, USUAL OCCUPATION (Give kind of wark IDB, KIND OF BUSINESS OR INDUSTRY done during most of warking like, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
te red -	Holla, Netherlands U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Xaverius Mayer	Hong Spukman
15. Was Deceased Ever in U. S. Armed Faices? (Yes, na or unknown! af yes, give wer or dates of service! SECURITY NO.	17. INFORMANT ADDRESS
no are unknown of yes, give wer or dates of service 215-09-3233-	Maria Hooper 4826 Truesdale Ave.
18. CAUSE OF DEAT	H APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH  IThis does not moon the mode of dying, e.g.,  (A) IMMEDIATE CAL	ise Kanal tail use resolvation
heard toilure, asthenia, etc. Il means the disease.	A CONSEQUENCE OF:
injury or complication which caused death.)  ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, il ony, giving (8)  DUE TO, OR AS	A CONSEQUENCE OF:
rise to the above cause (A) stoling the	10Wer & T. henorage From 14
UNDERLYING CONDITION lost. (C)	a resticuly
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	- other than advanded pars
	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED THE THE PROPERTY OF TH	IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTINO CAUSE OF 21B. PLACE OF INJURY (e.g., III home, form, foctory, street, of	n or about 21 C. WHERE DID (If In Baltimore City, give exact location)
DEATH (notify medical examiner)	
21 D. TIME (Month) (Doyl (Year) (Haur) 21 E. INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Not While At Work	• 🗆 📗
22. I certify that (1) (this hospital) attended the deceased from	12/21/69 19 to 12/29 19.69
that (1) (we) last saw the deceased alive an 12 29	19 6 9 and that M(my) (aur) apinian death accurred an the date
and haur and fram the causes stated abave. (1) (We) (did) (did not) v	lew the body after death.
23A. SIGNATUJE	238 DATE SIGNED /
Stanley Seller M.D. DEGREE Phys	nding Med. Staff Phys. 2 12/29/69
28C. PHYSICIAN'S NAME (Type	23D. ADDRESS
Stanley Silber, M.D. DEGREE	Mercy HUSPITAL BALT. MO.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (City, town, or county) (State)
Buribly 1/2/1970 Holy Redeemer Ce	metery Belair Rd. Balto. Md. 21213
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR
JAN 2 19/1 944 & Jabon M.D.	Schimune Fuberal Home 3331 Brehms Lane

A.A. INAC PER ST

## BALTIMORE CITY HEALTH DEPARTMENT

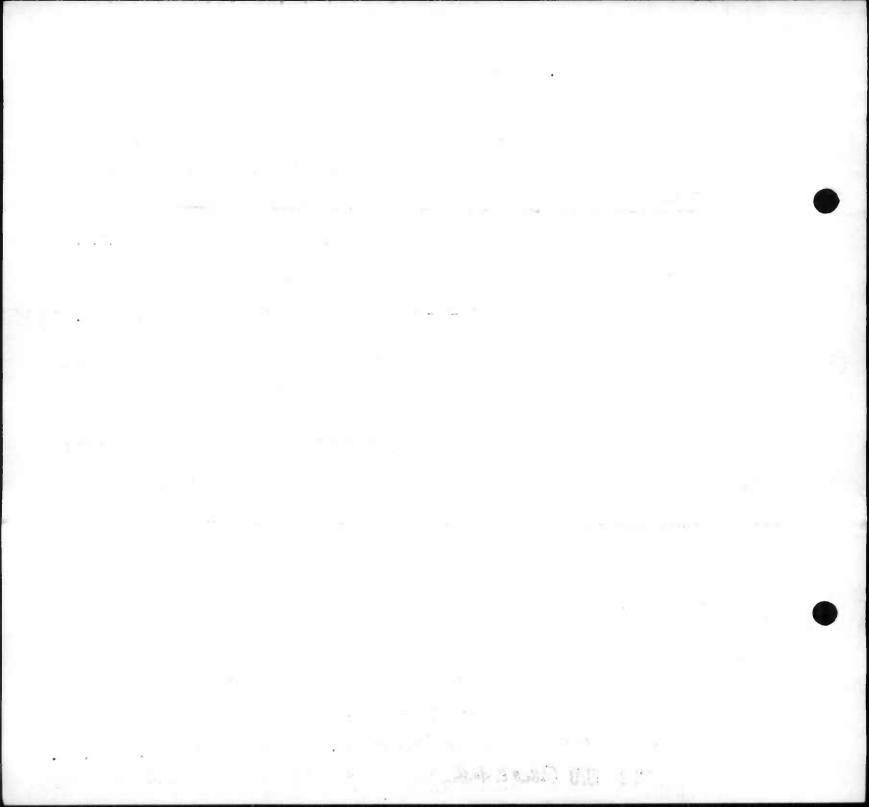
69 13043 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	69 13043
BIKIH NO.	KEG. NO.	
1. NAME OF DECEASED (Type or Print)  TOCE DIL E RELEAT CO.	2. DATE Known Month Day	Yeor Hnur
JOSEPH F. KRUML Sr.	DEATH Estimated L	М.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	3. DATE Month Doy PRONOUNCED DEAD December 31,196	12:50 A.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution	: residence before admission)
816 N. Patterson Park Avenue, 21205	A. STATE Maryland B. COUNTY	703
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CI	TY LIMITS?
Male White WIDOWED DIVORCED		s 🖍 NO 🗌
9. DATE OF BIRTH 10. AGE (In years   If Under 1 Yr. II Under 24 Hrs 10/ 11/ 1907   62   Months, Days, Hours, Min	8. E. STREET AND NUMBER 816 N. Patterson Park Avenue	21205
11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF	13. FATHER'S NAME	2220)
Baltimore, Maryland WHAI COUNTRY?	Frank Kruml	
14A.USUAL OCCUPATION (Give kind al work) 14B. KIND OF BUSINESS OR INDUSTI done during most of working life, even (I retired)	RY 15. MOTHER'S MAIDEN NAME	
Electrician American Sugar Ref.	Josephine Slechta	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL		DDRESS
(Yes, no ar unknown) (If yes, give war or dates al service)  SECURITY NO. 212-09-6111-	A Mrs. Anna D. Kruml, 816 N.	Paterson Park
19. CAUSE OF DE		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY Carcino	oma of tongue with metastasis	BETWEEN ONSET AND DEATH
I FADING TO DEATH		
(This does not mean the made of dying, e.g., heart lailure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:	
injury or complication which caused death.)		
ANIECEDENI CAUSES (0)		
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OF	R AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE		
(c)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
OF THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	VAS PERFORMED	21. AUTOPSY? (Yes or No)
		no
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.	, in ar about 22C. WHERE DID (If in Baltimare City, give exact	
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. home, form, foctory, street, offi	ice bldg., etc.) INJURY OCCUR?	
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY	22F. HOW DID INJURY OCCUR?	
(APPROX.) WHILE AT NO	T WHILE WORK	
23.	WORK CO.	
I certify that I held an Inquiry Inspection X A		opinian
resulted fram: Natural causes K Accident Suici	de Hamicide Undetermined manner	
1 101/1/	CHIEF MEDICAL EXAMINER	
SIGNATURE MICH MILLS	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER	12/31/69
NAME (Type) Ronald N. Kornblum, M.D.		
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specily)	(4.7)	ar county) (State)
Burial Jan. 3,1970 Most Holy Red	deemer Cemetery Belair Road. I	Palt:more Ma
23A. DATE REC D BY HEALTH DEPT. 123B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR AL	Baltimore, Md.
JAN 2 1970 3.5.8 E. Jabon M. B.	Schiminek Firmeral Home 2	21213
/S 151.DEV 1/1/68	Schimmek Funeral Home, 3	DIBrenms Lane



BALTIMORE CITY HEALTH DEPARTMENT

REG. NO	69 1	30	44
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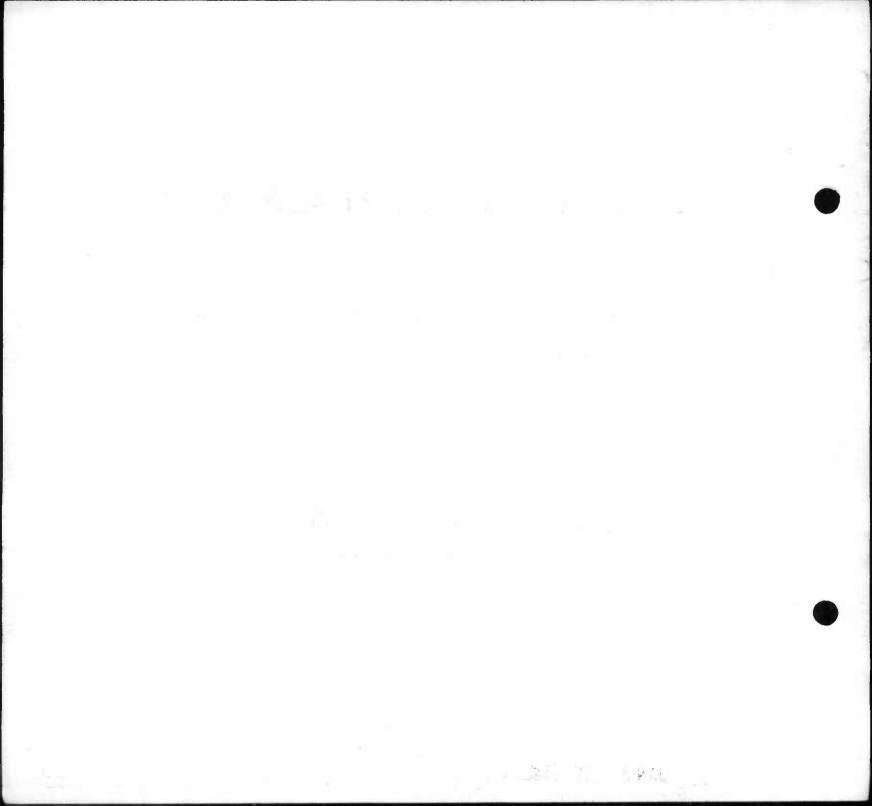
-520	BALTIMORE CIT	Y HEALTH DEPARTMENT
7620	BURTH NO 69 13044 CERTIFICA	ATE OF DEATH REG. NO. 69 13044
and eath ase the the	I, NAME OF DECEASED	
deat deat ease n th	(Torres on Rich	2 DATE AND HOUR OF DEATH
hospital an ise of deat (5) Decease ance on th death. Suc	BERTHAN. JOHNSON	DECEMBER 31, 69 1 10 A.M.  4. USUAL RESIDENCE (Where deceased lived, II institution; residence before admission)
hospita (5) Dec ance o death.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)  A. STATE  B. COUNTY
05g 5) nc	FULL NAME OF UF NOT IN HOSPITAL OR INSTITUTION, CAVE STREET	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	HOSPITAL OR ADDRESS OR LOCATION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
l in a ng cau cause; attend ior to	MONTEBELLO STATE HOSPITAL	
l in cau cau	MONTEBEZEO	E. STREET AND NUMBER
0	91	
th occurred contributi etermined n regular sceased pr	5. SEX. 6. RACE 7. MARRIED ST NEVER MARRIED	1638 HEATHFIELD ROAD 21212
od ciric	MINKKIED TIEVER WAKKIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs., Months; Doys Hours; Min.
occur ontrib srmin regul assed is ma	Pemale WHITE WIDOWED DIVORCED	2-3-1874 76
Te Te	10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or foreign country)   12. CITIZEN OF WHAT COUNTRY
rif death rect or c (4) Undet was in the dec	done during most of working life, even if retired)	36
dear Und as in	HOUSE WIFE at home	Maryland U.S.A.
t d	13. PAINER 3 NAME	14. MOTHER'S MAIDEN NAME
	Henry	Mary (neeDavern)
4 5 5 G B	15. Was Deceased Ever in U. S. Armed Forces?   16. SOCIAL	17. INFORMANT ADDRESS
istan he d kind; death ce on nal d		son
S + - C:-	no 218-18-4174	George Johnson 4501 Fullerton Ave. 21236
호는 근장되는	18. / A CAUSE OF DEAT	H APPROXIMATE INTERVAL
lso, i of an unce tend	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
. = 0 = ± 0	LEADING TO DEATH	Cerebral Thrombosis 4rs
	II I I I I I I I I I I I I I I I I I I	A CONSEQUENCE OF:
orc ar	injury or camplication which caused death.)	of hemiplegia apphasia
fra e	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
A fr Who	(8)	S C V D Y S A CONSEQUENCE OF:
exa xan x) A wh wh are	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	
	UNDERLYING CONDITION last.	the new Francisco par 12
medical ledical burns; (; hysician n was ii		
medical horns; physicial an was	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
E o d c E o	E TO THE DEATH BUT NOT RELATED TO THE TERMINAL Keen We	ent Ulinary Theach Infection you
サースという	DISEASE OR CONDITION GIVEN IN PART 1 (A).  194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED
chief Body the pysicie	WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
by Control	U 21A ACCIDENT WAS UNDERLYING 121B PLACE OF INTURY (a.g.	In se chout 21 C WHERE DID. WILL Salve Charles
by the pital brital bri	OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., home, form, foctory, street, or	flice bldg, INJURY OCCUR?
VE OF Za	DEATH (notify medical examined)	
roved by the hospital y nature; xcept whe tand (6) No btained be	OF INJURY (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
hos hos at (6	(APPROX.)  While At Not While At Wark At Wark	e —
prov prov ny n and and		
	II 177. I cortity that (b) (this bosoltal) attended the december for-	0 1 1 10/ 7 1 13 7 10/ 6
0 2 5 6 0 0	and the deceased from the deceased from	9-12-1967 to 12-31- 1969
g + p 0 % 0	that (i) (we) last saw the deceased alive on 12 - 30	
g + g 0 . 0	that (i) (we) last saw the deceased alive on 12 - 30	1969 and that In(my) (our) opinion death occurred on the date
be apped to the total opital (espath); constrained opital (seath); constrained opital	and the deceased from the deceased from	19 <u>69</u> and that In(my) (our) opinion death occurred on the date view the bady ofter death.
ust be app eased to t ident of an nospital (e death); c	that (i) (we) last saw the deceased alive on 12 - 30 and haur and from the couses stated above. (i) (We) (did) (did not) was SIGNATURE	and that In(my) (our) opinion death occurred on the date view the bady ofter death.  23B DATE SIGNED
ust be app eased to t ident of an nospital (e death); c	that (i) (we) last saw the deceased alive on 12 - 30 and haur and from the couses stated above. (i) (We) (did) (did not) was SIGNATURE  Usham used Dannberger M. December Phy	1969 and that In(my) (our) opinion death occurred on the date view the bady ofter death.  238. DATE SIGNED  and that In(my) (our) opinion death occurred on the date view the bady ofter death.
e must be app released to the accident of an a hospital (e or to death);	that (i) (we) last saw the deceased alive on 12 - 30 and haur and from the couses stated above. (i) (We) (did) (did not) and Signature  Usham well Translation in Decree	1969 and that In(my) (our) opinion death occurred on the date view the bady ofter death.  23B DATE SIGNED
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tificate must be app y was released to that (1) An accident of an ).A. at a hospital (e) ad prior to death); approval must be o	that (I) (we) last saw the deceased above. (I) (We) (did) (did not) on haur and from the couses stated above. (I) (We) (did) (did not) on the couses stated above. (I) (We) (did) (did not) on the couses stated above. (I) (We) (did) (did not) on the couses stated above. (I) (We) (did) (did not) on the couses stated above. (I) (We) (did) (did not) on the couses stated above. (I) (We) (did) (did not) on the couses stated above. (I) (We) (did) (did not) on the couses stated above. (I) (We) (did) (did not) on the couses stated above. (I) (We) (did) (did not) on the couses stated above. (I) (We) (did) (did not) on the couses stated above. (I) (We) (did) (did not) on the couses stated above. (I) (We) (did) (did not) on the couses stated above. (I) (We) (did) (did not) on the couses stated above. (I) (We) (did) (did not) on the couses stated above. (I) (We) (did) (did not) on the couses stated above. (I) (We) (did) (did not) on the couses stated above. (I) (We) (did) (did not) on the couses stated above. (I) (We) (did) (did not) on the couses stated above. (I) (We) (did) (did not) on the couse stated above. (I) (We) (did) (did not) on the couse stated above. (I) (We) (did) (did not) on the couse stated above. (I) (We) (did) (did not) on the couse stated above. (I) (We) (did) (did not) on the couse stated above. (I) (We) (did) (did not) on the couse stated above. (I) (We) (did) (did not) on the couse stated above. (I) (We) (did) (did not) on the couse stated above. (I) (We) (did) (did not) on the couse stated above. (I) (We) (did) (did not) on the couse stated above. (I) (We) (did) (did not) on the couse stated above. (I) (We) (did) (did not) on the couse stated above. (I) (We) (did) (did not) on the couse stated above. (I) (We) (did) (did not) on the couse stated above. (I) (We) (did) (did not) on the couse stated above. (I) (We) (did) (did not) on the couse stated above. (I) (We) (did) (did not) on the couse stated above. (I) (We) (did) (did not) on the couse stated above. (I) (We) (did) (did not) on the couse stated a	and that In(my) (our) opinion death occurred on the date plew the bady ofter death.  23B. DATE SIGNED  12 - 31 - 1969  23D. ADDRESS  MONTEBELLO HOSPITAL BATTUNORE
trificate must be apply was released to the (1) An accident of an O.A. at a hospital (ed prior to death); approval must be o	that (I) (we) last saw the deceased above. (I) (We) (did) (did not) on haur and from the couses stated above. (I) (We) (did) (did not) on haur and state above. (I) (did) (did not) on haur and state above. (I) (did not) on haur and state above. (I) (did) (did not) on haur and state above. (I) (di	and that In(my) (our) opinion death occurred on the date view the bady after death.  23B. DATE SIGNED  12-31-1969  23D. ADDRESS  MONTEBELLO HOSPITAL BAGINORE  EMATORY 24D. LOCATION (City, town, or county) (State)
trificate must be apply was released to the (1) An accident of an O.A. at a hospital (ed prior to death); approval must be o	that (i) (we) last saw the deceased above. (i) (We) (did) (did not) on haur and from the couses stated above. (i) (We) (did) (did not) on haur and last the	and that In(my) (our) opinion death occurred on the date plew the bady ofter death.    23B. DATE SIGNED   12-31-1969   12-31-1969     23D. ADDRESS   MONTEBELLO   Hospital BAGINORE     24D. LOCATION (City, town, or county) (Slote)     24D. LOCATION (City, town, or county)   (Slote)     24D. LOCATION (City, town, or county)   (Slote)     24D. LOCATION (City, town, or county)   (Slote)
rificate must be app ly was released to that (1) An accident of an O.A. at a hospital (e ed prior to death);	that (i) (we) last saw the deceased above. (i) (We) (did) (did not) on haur and from the couses stated above. (ii) (We) (did) (did not) on haur and from the couses stated above. (ii) (We) (did) (did not) on haur and hau	and that In(my) (our) opinion death occurred on the date view the bady ofter death.  23B. DATE SIGNED  23D. ADDRESS  MONTE BELLO HOSPITAL BAGINORE  EMATORY  24D. LOCATION (City, town, or county) (State)  tery Co. 3801 Frederick Ave. Balton Md.
e must be app released to the accident of an a hospital (e or to death);	that (i) (we) last saw the deceased above. (i) (We) (did) (did not) on haur and from the couses stated above. (i) (We) (did) (did not) on haur and last the	and that In(my) (our) opinion death occurred on the date plew the bady ofter death.  23B. DATE SIGNED  23D. ADDRESS  MONTE BELLO HOSPITAL BAGIN ORE  EMATORY  24D. LOCATION (City, town, or county) (State)  tery Co. 3801 Frederick Ave. Balton Md.



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.C.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

		BALTIMOPE (	ITY HEALTH DEPARTMENT	
	69	40045		69 13045
	BIKIH NO.	10040 CERTIFIC	CATE OF DEATH A REG. NO	
	1. NAME OF DECEASED	1 1 0	2. DATE AND HOUR OF DEAT	Н ( , )
	3. PLACE IN BALTIMORE, MARYLAND,	HONS BOOKS SEAS	4. USUAL RESIDENCE (Where deceased lived, II	12/24 C9 W
Н	The state of the s	WHERE PRONOUNCED DEAD	A. STATE B. COUNTY	institution residence before 'odmission'
Ш	HOSPITAL OR ADDRESS OR LOC	TTAL OR INSTITUTION, GIVE STREET	MO. WICOMIC	The second secon
	INSTITUTION  NOTUTION  NOTUTION  NOTUTION	19719601		ISIDE CITY LIMITS?
	CHICKSON	70011111	E. STREET AND NUMBER	YES NO
Ш	38		123 CAROLYN AU	8
	5. SEX 6. RACE	7- MARRIED WEVER MARRIED	8. DATE OF BIRTH  9. AGE (In years	If Under 1 Yr. If Under 24 His. Manths! Days Hours Min.
-11	F W	WIDOWED DIVORCED	7-1909 ( D)	Manths Days Hours Min.
11	10A, USUAL OCCUPATION (Give kind of wo-	HE TOR KIND OF BUSINESS OR INDUS	RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Н	Housewife in FE		Ma.	V.S.
-	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	0.1
Ш	WILLIAM HARR	4001.	JUNIA ABBOT.	~
I	15. Was Deceased Ever in U. S. Armed Fa (Yes, na or unknown) (If yes, give war or da	grees? 1 6. SOCIAL	17. INFORMANT	ADDRESS
	(Tes, no or unknown) (If yes, give war or da		173 CAR	
∦	18.	CAUSE OF DE		SBURY MD, 2180,
	DISEASE OR CONDITION D			BETWEEN ONSET AND DEATH
11	LEADING TO DEATH	1	AUGE Cardina de la companya de la co	tabus
Ш	(This does not mean the mode of heart failure, asthenia, etc. if means	dving eg	AS A CONSEQUENCE OF:	Character
П	injury or complication which cause	d deoth.}	0.0.0	
	ANTECEDENT CAUSE	(8)	staighm Karbiasan	and I
	DISEASES OR CONDITIONS, if	any, giving DUE TO, OR	AS ACONSEQUENCE OF:	
11	UNDERLYING CONDITION lost	(c)	ucuma of coming	, recurson
	_			,
$\parallel$	OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION GIVEN IN PA	ONTRIBUTING THE TERMINAL		
	DISEASE OR CONDITION GIVEN IN PA	ART 1 (A).	[20A. AUTOPSY? (Yes or No)] 20B. IF YES. WER	
	19A-DATE OF OPERATION 19B CON WAS PER	REFORMED CARCINONE	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
I	OR CONTRIBUTING CAUSE OF		in or about 21 C. WHERE DID ## In Baltim	are City, give exact location)
	DEATH inotify medical examined	etc.)	office bldg. INJURY OCCUR?	
	Q 21D. TIME (Month) (Day) (Year)	Houd 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR	
	S OF INJURY	While At Not W	hile 🗍	
Ш	22. I cortify that (1) (this hagaing	attended the deceased from	11-54-10 10	3-54 / 0
$\ $	that (D (we) last saw the decease		^	2-24 19 69
		ated abave. (1) (We) (did) (did nat	and that in (111), (act) at	inian death accurred on the date
I	28A-SIGNATURE	med abave. (1) (we) (ald) (ald hat	view the body after death.	23B, DATE SIGNED ,
	Daniel V		Hending Med. Staff	236 0012 3101120
Ш	23C. PHYSICIAN'S NAME (Type)	DEGREE P	hys.	112/24/69
	NAME (Type)			
	24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY of		The town or country (for the
	REMOVAL (Specify)	1. 1		City, tawn, or cauntyl (State)
	25A. DATE REC'D BY HEALTH PEPT.	158 NAME OF REGISTRAR	EMETERY DEAL ISL	AND SOM MID
	JAN 2 1970 (	Robert E. Jalley M.D.	25C. FUNERAL DIRECTOR WEBSTER	FUN HONGADDRESS med
11-	01117 N /1010		10 1 19 7 West	nucess anno

VS 150-REV. 1/1/68



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

deceased prior to death); and (6) No physician was in regular attendance on the deceased pr written approval must be obtained before the remains are embalmed or final disposition is made.

(except where the physician who pronounced; and (6) No physician was in regular attenda

deceased prior to death); and at a hospital

was D.O.A.

attendance on the prior to death. Such

in regular

Was

death

4.20 40

BALTIMORE CITY HEALTH DEPARTMENT

ENT	60 12046
TH REG. NO	69 13046
ATE AND HOUR OF DEAT	H
200 20 .180	50 1 0.15 AM
CE (Where deceased lived, If	institution: residence before odmission)
DD,	2802
LOVE D. IN	YES NO
MBER	
unpole Ar	
9. AGE (In years lost birthdoy)	Il Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
14 55	
e or loreign country)	12. CITIZEN OF WHAT COUNTRY?
HORR	054
DEN NAME	
ela	
0	ADDRESS
NT 524	Fernpork AVE.
	APPROXIMATE INTERVAL
liel wherely	BETWEEN ONSET AND DEATH
0. 0.11	
nathan	
	***************************************
	14
***************************************	
riculitis	
s or No. 208. IS VEC WEN	F SINDINGS CONSIDERED
IN CERTIFYING C	AUSES OF DEATH?
DID (II In Boltime	ore City, give exoct location)
CUR?	. At many or against 1
In hilling Course	
DID INJURY OCCUR?	
19 69 ta D	De 30 19 69
	alnian death accurred on the date
-	and decorated du tue dois
leath.	23B DATE SIGNED
Shoff 1521	
Staff Phys.	Dec 30,1969
	OF BALTIHORE
24D. LOCATION (C	city, town, or county) (Stote)
D 1.00	11 20

BIRTH NO. 69 13046 CERTIFICA	ATE OF DEATH REG. No. 100 100 40
1. NAME OF DECEASED	2, DATE AND HOUR OF DEATH
(Type or Print) C'ARROLL SILVERBLATT	Dec 20 11969 13:15 AM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admissi
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	MARYLARD D. INSIDE CITY LIMITS?
	BALTIMORE YES NO
SINK HOSPITAL OF BALTIMORE	E. STREET AND NUMBER
42	5200 Ferrence AVE
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years II Under 1 Yr., if Under 24 h Months; Doys Hours; Min.
MIDOWED DIVORCED DIVORCED DIVORCED DIVORCED	3/11/14 OST OFFICE OFFICE MINES
done during most of working life, even it retired)	12. CHIZEN OF WHA! COOK
Bartander	BALTIMORE USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	E
15. Wos Deceased Ever in U. S. Armed Forces?   16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (II yes, give wor or dotes of service) SECURITY NO.	3
100	PATIENT 5200 Fempork AVE.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A) IMMEDIATE CA	BETWEEN ONSET AND DE
IThis does not mean the mode of dying, e.g., heart loilure, asthenia, etc. It means the disease, injury or camplication which caused death.)	A CONSEQUENCE OF marking
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	S A CONSEQUENCE OF:
Inse to the obave cause (A) stating the	
UNDERLYING CONDITION last. (C)	***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	h Diventiculitis
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF CENTRE (c.g., locally medical examiner)	in or about 2/C. WHERE DID slice blog NJURY OCCUR? (If In Boltimore City, give exact location)
21D.TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.)  While At Not While At Work At Work	ie _
22. 1 certify that (A) (this hospital) attended the deceased from	Dec 24 19 69 to Dec 30 19 69
that M (we) last saw the deceased alive on Dic 30	17 3 10 19
and have and from the causes stated above. (1) (We) (did) (did not)	

23A. SIGNATURE 23 C. PHYSICIAN'S NAME (Type)

Med. Phys. 23 D. ADDRESS

Attending

an

12 RIEL SAD 24C. NAME OF CEMETERY OF CREMATORY 24A. BURIAL CREMATION, REMOVAL (Specily) DATE 24B.

SINAL

25A. DATE REC'D BY REALTH DEPT.

SO-FUNERAL DIRECTOR

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VS 150-REV. 1/1/68

Authority See also

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REG. NO.\_

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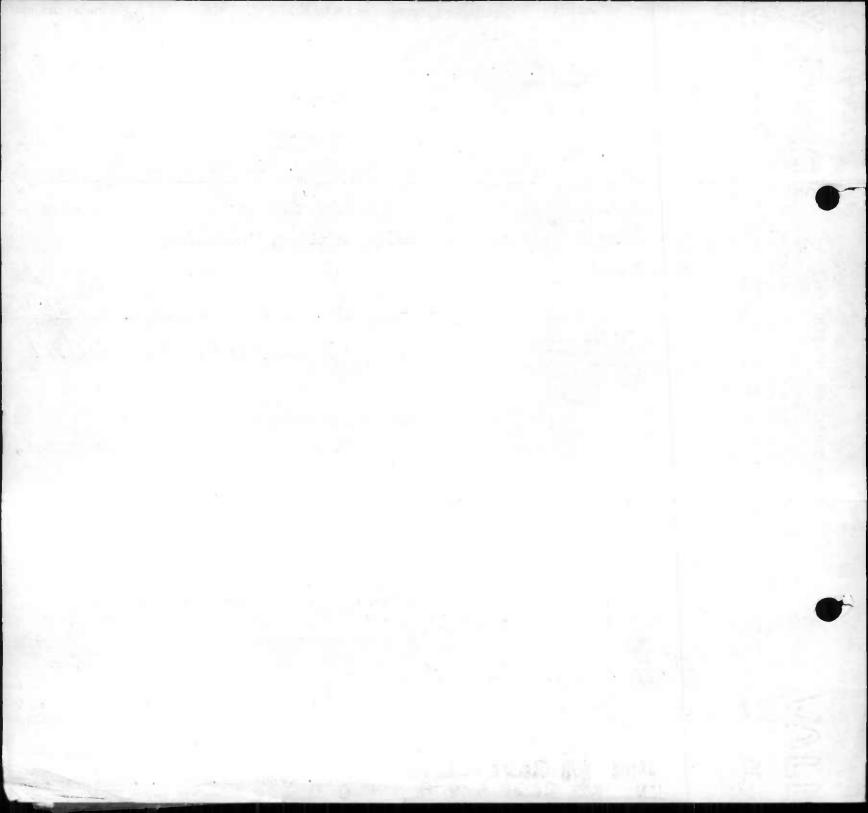
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approved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death	>	X		+
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This certificate must be the body was released	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.

FUNERAL DIRECTOR: IMPORTANT

BIRTH NO. 69 13047 CERTIFICA	ATE OF DEATH
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH
William M. Bennett, Sr.	12/28/69 6.30 H, M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before admission) A. STATE B. COUNTY
FILL MANAGE OF THE MOTION HOSPITAL OR INSTITUTION CIVE STREET	Maryland 2.608
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
INSTITUTION	Baltimore YES & NO
0 = 110 C 11. 11 1 1	E. STREET AND NUMBER
00 140 S. Highland Avenue	
	140 S. Highland Avenue
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 His. Months Doys Hours Min.
M WIDOWED DIVORCED	1 12/5/196 73
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Iron Worker Bethlehem Steel	0 1 " 14 1 1 1154
13. FATHER'S NAME	Baltimore aryland USA
	199
Adam Bennett	Catherine Broneker
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
1000 -	Ave.
118. CAUSE OF DEA	1999 Mrs. Bertha Bennett 140 S. Highland
17 1 N. 14	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	AUSE anterior le ville (V. Pig. 5-10/15
(A)IMMEDIATE CA	
heart failure, asthenia, etc. It means the disease,	S A CONSEQUENCE OF:
injury ar camplication which caused death.)	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR A	AS A CONSEQUENCE OF:
rise to the above cause (A) stating the	4
UNDERLYING CONDITION last, (C)	
_ 11	
O THE SIGNIFICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).  19A. DATE OF OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING  21B. PLACE OF INJURY (e.g.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
E C	
	, in or obout 21 C. WHERE DID (If in Softimore City, give exact location)
OR CONTRIBUTING CAUSE OF home, farm, foctory, street, etc.)	office bldg-, INJURY OCCUR?
Q 21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
S OF INJURY	
(APPROX.) Work At Wor	
22. I certify that (I) (this hospital) attended the deceased fram	DET. 5 1956 to 12/28/69 19
that (1) (we) last saw the deceased alive an 11 EC.	7 19 6 9 and that in(my) (our) apinian death occurred an the date
and haur and fram the causes stated abave (1) (Wel (dld) (did nat)	
23A/SIGNATURE	238. DATE SIGNED
	thending Med. Staff Phys.   12/29/09
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
NAME (Type)	121 S. HIGHLARD HVE BAKTO. M. 21276
DEGRE	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C	
Burial 12/31/69 Oak Lawn Ceme	Baltimore, Maryland
254 DATE DEC'D BY HEALTH DEPT - 1258 NAME OF DECISIONS	25C FILMERAL DIRECTOR



69 13048

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				ICALITI DELAKIMENT		
69 INC.	13048	MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH REG. NO

BIRTH NC.	
1. NAME OF DECEASED (Type or Print)	2. DATE Known Month Doy Yeor Hour
Kaley, George	DEATH Estimoted 12 27 69 11 ACM.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD 12 27 69 1150
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
10 1156 Frailer Way	A. STATE B. COUNTY
	C. CITY OR TOWN D. INSIDE CITY LIMITS?
6. SEX 7. RACE B. MARRIED NEVER MARRIED WIDOWED DIVIDING TO	Beltimore VES CO.
DIVOKCED C	YES LI NO LI
losi birthdoy) Manths : Days : Hours : Mir	
SEPT. 1, 1916   5 3	954 Armstead Way 2607
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAI CQUNTRY?	13. FATHER'S NAME
TENNOLLYANIA U.S.A.	CLARENCE RALEY
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUST done during most of working life, even lifetired)	RY 15. MOTHER'S MAIDEN NAME
LABORER STEEL COMPANY	BARBARA MCKENZIE
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, no ar unknown) (If yes, give wor or dotes of service) 212-10-6329	MRS. EDNA RALEY, BALTIMORE, MD.
19. CAUSE OF DE	
14/3/9	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	iosclevotic Cardiovascular
LEADING TO DEATH (This does not meen the mode of dying, e.g.,  (A)IMMEDIATE (DUE TO. OF	
heart foliure, osthenio, etc. it means the disease, injury or complication which coused deoih.)	R AS A CONSEQUENCE OF:
injury or complication which coused deoin.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	R AS A CONSEQUENCE OF:
LINDERLYING CONDITION LAST	
(c)	
OF CONTRIBUTING  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL  DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	NAS PERFORMED   21, AUTOPSY? (Yes or No)
Ö	11. 2010/31/ (1.01.10)
≥ 22A. EXTERNAL CAUSE WAS   22B, PLACE OF INJURY(e.g.	/V O
U III DEDIVING TOO CONTRIB	., In or obout 22C. WHERE DID (If in Boltimore City, give exect location) ice bldg., etc.) INJURY OCCUR?
UTING CAPACITY (Next Visco) (Ne	
OF INTURY	•
m. WORK	OT WHILE WORK
23.	
I certify that I held an Inquiry Inspection A	utopsy and that on this basis, death in my opinion
resulted from: Natural causes Accident Suici	Ide Homicide Undetermined monner
	CHIEF MEDICAL EXAMINER
ACTUAL SIGNIATURE / / / / / / / / / / / / / / / / / / /	ASSISTANT MEDICAL EXAMINER DATE SIGNED
SIGNATURE MAN ME	· · · · · · · · · · · · · · · · · · ·
NAME (Type) KONALD N. KORNBLUM	MD ASSOCIATE MEDICAL EXAMINER 12-27-69
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	Y or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify)	
BURLAL DEC 31 1040 ETMENT CO	
REMOVAL (Specify) BURIAL DEC. 31, 1969 FINZEL CE	7
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
7.7.7.7.7.7.7.1.1.1.1.1.1.1.1.1.1.1.1.1	7

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BALTIMORE CITY	HEALTH DEPARTMENT			
MEDICAL EXAMINER'S	CERTIFICATE OF I	DEATH REG. NO.	69	13049

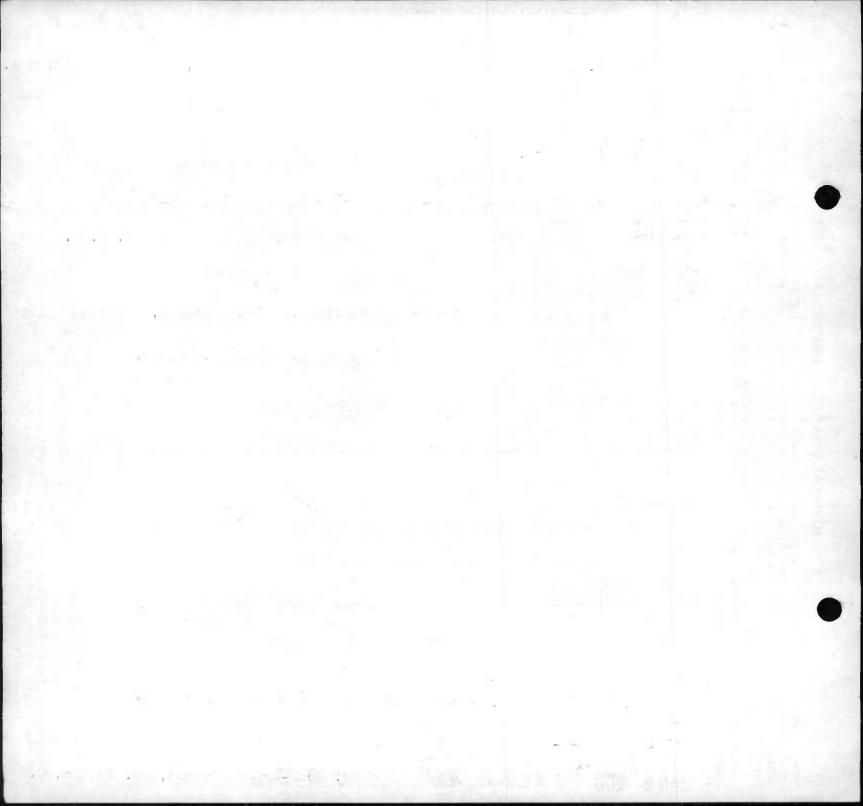
1	69 13049 BALTIMORE CITY HEALTH DEPARTMENT
~	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 69 13049
(-232	BIRTH NO.
	1. NAME OF DECEASED (Type or Print)  2. DATE Known Manth Day Year Hour
	ROY D. COSTIGAN  DEATH  Estimated  12 28 69 1:27 a m.  4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  3. DATE  Month Day  Year Hour
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)  PRONOUNCED DEAD  December 28, 1969 1:27 a m.
	OR INSTITUTION  S. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  A. STATE  B. COUNTY
	2634 N. Calvert St. Maryland /d 05
	6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY LIMITS?
	Male White WIDOWED DIVORCED Balto. YES NO DATE OF BIRTH 160.AGE (In years   # Under ) Yr. # Under 24 Hrs. E. STREET AND NUMBER
	4/19/1942 lost birthday) Manths, Days, Haurs, Min.
	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME
	Harrisonburg, Va. WHOT COUNTRYA. Roy J. Costigan
	14A.USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME dane during mast of warking life, even if retired)
	None Ara Correll  16. WAS DECEASED EVER IN U.S. ARMED FORCES?   17. SOCIAL   18. INFORMANT   ADDRESS
	(Yes, no or unknown) (If yes, give wor ar dotes of service) SECURITY NO.
	No   2:19-38-9409 Sfill ley F. Hollis 904 Welliam Ave.    19.
	DISEASE OR CONDITION DIRECTLY
	LEADING TO DEATH  (This does not mean the mode of dying, e.g., Due TO, OR AS A CONSEQUENCE OF:  DUE TO, OR AS A CONSEQUENCE OF:
	heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)
	ANTECEDENT CAUSES (a)
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE
	UNDERLYING CONDITION LAST
	CC)  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
	O TO THE DEATH BUT NOT BELATED TO THE TERMINAL
	DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21. AUTOPSY? (Yes or No)
	YES
	22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., In or about 22C. WHERE DID (If in Boltimore City, give exact location) hame, farm, foctory, street, affice bidg., etc.) INJURY OCCUR?
	Uting Cause of Death.  Home 1st floor apt. 2634 N. Calvert St.
	OF INJURY (APPROX ) WHILE AT NOT WHILE
	23.
	I certify that I held on Inquiry Inspection Autopsy XX and that on this basis, death in my opinion
	resulted from: Natural causes Accident Surcide Homicide W Undetermined manner CHIEF MEDICAL EXAMINER
	ACTUAL SIGNATURE OF THE SIGNED  ASSISTANT MEDICAL EXAMINER TO DATE SIGNED
	EXAMINER'S ASSOCIATE MEDICAL EXAMINER
	NAME (Type) Ronald N. Kornblum M.D. 12/28/69  24A. BURIAL CREMATION,   24B. DATE   24C. NAME of CEMETERY or CREMATORY   24D. LOCATION (City, lown, or county) (Stote)
	REMOVAL (Specify)
	Burial   12/31/69   Glen Haven Memorial Pk. Glen Burnie, Md.  25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR   25C. FUNERAL DIRECTOR ADDRESS
	JAN 2 1970 24 & E. Jabe Mo Raymond C. Fink Glen Burnie, Md.
	vs 151-REV. 1/1/68

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1	or to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
3	ta hospital (except where the physician who pronounced death was in regular attendance on the W
)	accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
2	s released to the hospital by a medical examiner. Also, if the direct or contributing cause of death
6	te must be approved by the chief medical examiner or his assistant if death occurred in a hospital and
_	FUNERAL DIRECTOR: IMPORTANT

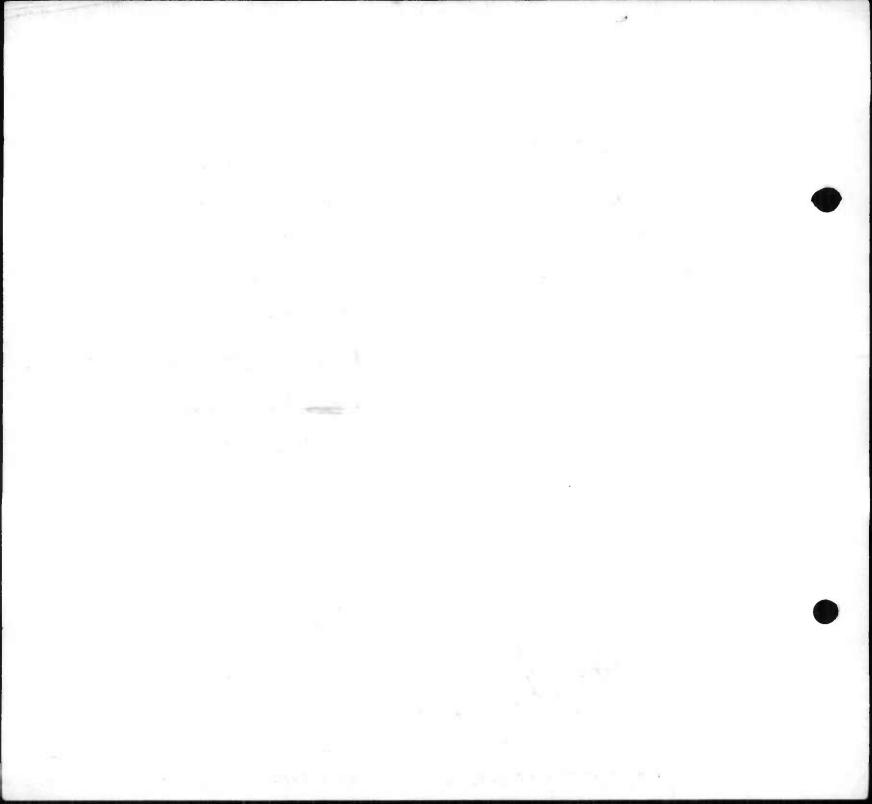
BALTIMORE CITY HEALTH DEPARTMENT 69 13050 CERTIFICATE OF DEATH BIRTH NO I NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) AGNES E. CRIST December 30, 1969 10:00 A. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD A. STATE FULL NAME OF HOSPITAL OR INSTITUTION Maryland Baltimore (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? Towson NO XX YES Pleasant Manor Nursing Home E. STREET AND NUMBER 4615 Park Heights Ave. 667 Bridgeman Terrace 9. AGE (In years 6. RACE B. DATE OF BIRTH tf Under 1 Yr. Months: Doys If Under 24 Hrs. 7. MARRIED NEVER MARRIED Hours lost birthday WIDOWED X DIVORCED 6-17-98 Female Caucasian 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife Own Home New Jersey U. S. A. 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME Philip Brill Mary Haunbaum 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 6. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. 36-09-6868 Philip F. Towson. No CAUSE OF DEATH 18. BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. 11 means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DUE TO, OR AS A DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stoting the UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exoct location) DEATH (notify medical examiner) 21 D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21 E. INJURY OCCURRED OF INJURY While At Not While [ (APPROX.) Work At Work 22. I certify that (I) (this hospital) attended the deceased fram that (1) (we) last saw the deceased alive an and that in (my) (our) apinian death occurred an the date and haur and from the causes stated abave. (1) (We) (did nat) view the bady after death. 23A, SIGNATURE 238, DATE SIGNED Attending 🔀 Phys. Director 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Type) body was ws: (1) An D.O.A. at appr the body washows: (1) Ar GEGREE deceased written ap 24A. BURIAL CREMATION, 24C, NAME of CEMETERY OF CREMATORY (Stote) (City, town, or county) REMOVAL (Specity) 1-2-70 Rose Dale Cemetery Linden New Jersey

25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR ADDRESS 2SC. FUNERAL DIRECTOR Gok-Brooks Towson, Inc. Towson, Md.



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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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BALTIMORE CITY HEALTH DEPARTMENT 69 13051 69 13051 REG. NO. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) luven 69 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institutions residence before admission) B. COUNTY A. STATE Ba FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN INSTITUTION D. INSIDE CITY LIMITS? Baltimone YES X NO [ E. STREET AND NUMBER 815 w Lambons 5. SEX 6. RACE 8. DATE OF BIRTH MARRIED NEVER MARRIED 9. AGE (In years It Under 1 Yr., It Under 24 Hrs. Months! Doys ! Hours! Min. lost birthdoy) Months Doys N WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME TUCUS Jony 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (It yes, give wor ar dotes of service) SECURITY NO. Sime 18. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OF CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE 1This does not mean the mode at dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart foilure, asthenia, etc. It means the disease, injury at camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: tise to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CERTIFICATION TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218 PLACE OF INJURY (e.g., in or obout 21C. WHERE DID hame, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exoct location) MEDICAL DEATH (notify medical examiner) etc.) (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While While At r (APPROX) Work At Work 22. I certify that (1)(this hospital) attended the deceased from 19 69 10 that (1) (we) last saw the deceased allve an. and that in (my) (aur) apinian death occurred an the date. and have and from the causes stated above. (1) (We) (did) (did not) view the bady ofter deoth. 23A. SIGNATURE 238, DATE SIGNED Attending Med. arun Director \_\_\_ Phys. 23C. PHYSICIAN'S 23D. ADDRESS NAMETTY Antin Lungary ven MIT DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY (City, town, or county) REMOVAL (Specify) written VARNISVILLE HICKUIN Cem, 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR Morth VS 150-REV. 1/1/68



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BALTIMORE	CITY	HEALTH	DEPARTMENT

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CEKI	IFIC	AIL	OF	UEA	LI H

REG. NO.	69	13052	
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BIR	in No.	ATE OF DEATH REG. NO. 00 18002						
1. N (Typ	AME OF DECEASED, EUGENE	2. DATE AND HOUR OF DEATH						
	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)						
HO	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET STATES OR LOCATION)  TITUTION	Maryland  C. CITY OR TOWN  D. INSIDE CITY LIMITS?						
	Baltimore City Hospitals	Baltimore YES A NO						
	3 / 4940 Eastern Ave.	E. STREET AND NUMBER						
5. S	Baltimore, Md. 21224	923 Bonaparte Ave. Baltimore, Md. 21212 007  8 DATE OF BIRTH 9. AGE (in years   II Under 1 Yr.   If Under 24 Hrs.						
	Male Negro WIDOWED DIVORCED	lost bithdayi   Months: Days : Hours : Min.						
10A	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRI during most of working life, even it retired)							
	Kitchen Helper	South Carolina U.S.A.						
13. 1	ATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	Guy Smith	Anna BRADLY						
Yos	Vos Deceased Ever in U. S. Armed Forces?  no or unknawn) ((I yes, give war ar dates of service)  SECURITY NO.	17. INFORMANT 4940 Eastern Ave.						
	Yes WW11 248-20-3081	BCH Records: Baltimore, Md. 21224						
	DISEASE OF CONDITION DIRECTLY	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
	LEADING TO DEATH	$G \cup G  (2)$						
	(This does not mean the mode of dying, e.g., heat failure, asthenia, etc. it means the disease, injury or camplication which caused death.)	S A CONSEQUENCE OF:						
	ANTECEDENT CAUSES							
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR A rise to the above cause (A) staling the UNDERLYING CONDITION last. (C)	S A CONSEQUENCE OF:						
IIE	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	brul Elematoma						
	19A-DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., hame, form, loctory, street, etc.)	in or about 21 C. WHERE DID (If In Baltimare City, give exact location) affice bidg., INJURY OCCUR?						
MEDI	21D-TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED OF INJURY (APPROX.) While At Not Wh	ile						
	22. I certify that (I) (this hospital) attended the deceased fram							
11 1	that (1) (we) last saw the deceased alive on 12-31 1969 and that In(my) (aur) apinion death occurred an the date							
43 1	and haur and fram the causes stated above. (i) (We) (did) (did nat)							
	23A. SIGNATURE  23B. DATE SIGNED  Attending Med. Stoff J / 7 / 9 / 9							
	J. R. Wands M.D.	23D. ADDRESS Baltimore City Hospitals 4940 Eastern Ave. Baltimore, Md. 21224						
24A	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CI							
11 7	BUTTO NATIO							
25A	IAN 2 1970 Real & Jacker M. D.	25C. FUNERAL DIRECTOR ADDRESS 1 WAND BY BRICH 928 E HORTH AVE						
VS 1	50-REV. 1/1/68	INDIANT DIAGE IN THE						

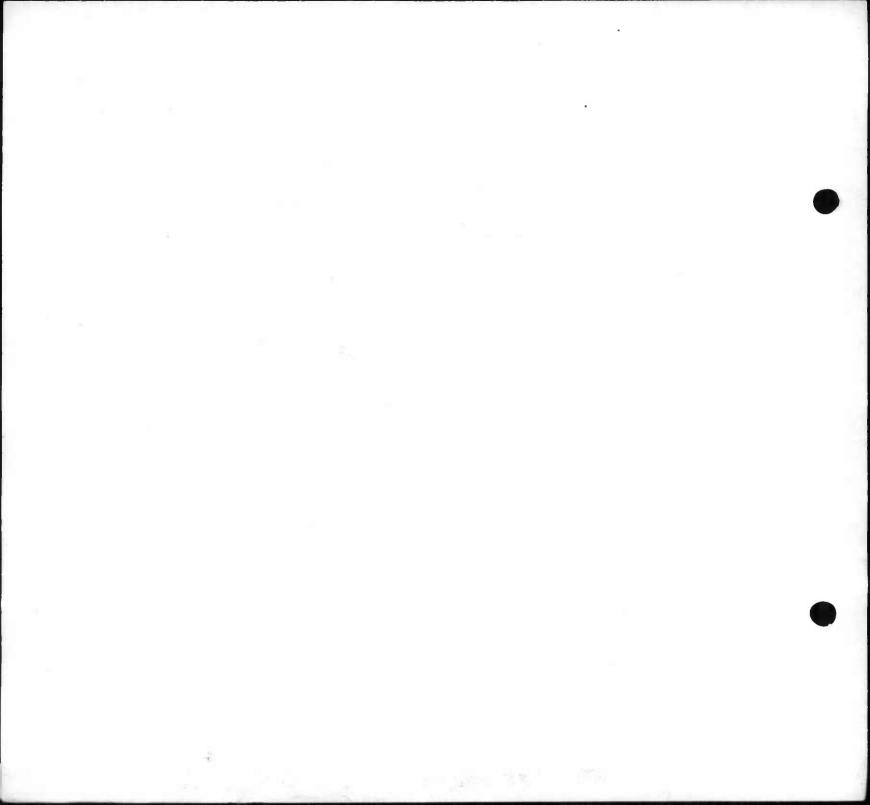
SMITH, EUGENE

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M-6	001		BALTIMORE CITY HEALTH DEPARTMENT  69 13053 CERTIFICATE OF DEATH X REG. No. 69 13053	
and	- P 9 4		ATH NO.	
-	Su + Su		NAME OF DECEASED  PLACE IN BALTIMORE, MARY AND WHERE PRONOUNCED DEAD  PLACE IN BALTIMORE, MARY AND WHERE PRONOUNCED DEAD  PLACE IN BALTIMORE, MARY AND WHERE PRONOUNCED DEAD  PLACE IN BALTIMORE, MARY AND WHERE PRONOUNCED DEAD.    A USUAL PESIDENCE (Where despired lived It will be a lived by the control of	2
10	000	3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admissing the state of the state	on)
a ho	cause use; (5) tendanc r to de	H	OSPITAL OR ADDRESS OR LOCATION)  STITUTION  (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OR LOCATION)  C. CITY OR TOWN  D. INSIDE CITY LIMITS?	30
-	32. 4	4	BON SECOURS HOSPITAL E. STREET AND NUMBER	
9		5. 5	1715 CL11-DEN KOALS	
0000	contributing etermined can negular att		MAKE WHITE WIDOWED DIVORCED 12-17-96 lost birthdoy 13 Months Doys Hours Min	1750
<del>-</del>	- Pri- Pri	don	LUSUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or loreign country)  (CETTICAL)  Post Office  MARYLAND  U.S.A.	FRY?
Ď		13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	-
	5 + 12		ELIJAH MURRAY MARSHALL	
FA	kind; death ce on	(Yes	Wes Decessed Ever in U. S. Armed Forces? s,no or unknown) (II yes, give wor or doles of service)  16. SOCIAL SECURITY NO.  17. INFORMANT ADDRESS	
SS iss		_	Unknown   Miss Alice Murray, 1915 Clifden Road, 21228	
IMPORTAN	P 0 P 0		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A) IMMEDIATE CAUSE  THOUTH FAILURE  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  (A) IMMEDIATE CAUSE  THOUTH  (A) IMMEDIATE CAUSE  THOUTH  T	
<b>≈</b> 5	- 5 5 - 5		(This does not meon the mode of dying, e.g., heart foilure, asthenia, etc., II means the disease, injury or complication which coused death.)	
CTOR:	ho pegulo		ANTECEDENT CAUSES ARUNOSCLOPIUC CARDO	
REC	× 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION lost.	
:	rns; sicia was main	_	II	_
RAL f med	by de la	CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	,
FUNER	2) Body re the p physicic fore the	ERTIFIC	19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes of No.)   20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	_
			21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street office bldg., INJURY OCCUR?  DEATH (notify medical examiner) (if in Boltimore City, give exact location)	
ed by	cept where (6) Notational (9) Notati	MEDICAL	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While At Work At Work	_
_ 0	- 300			_
Og d			22. I certify that (H) (this hospital) attended the deceased from $10-6-69$ 19 to $12-29$ 19 69 that (H) (we) last saw the deceased alive on $12-29$ 19 69 and that in (my) (ear) opinion death occurred on the deceased of t	
0	0 840		and hour and from the causes stated above. (1) (We) (did) (did not) view the body ofter death.	216
must be	ident of hospital o death) I must b		23A, SIGNATURE 23B, DATE SIGNED	
E	accident a hospit or to dea		23C. PHYSICIAN'S NAME (Type)  A C   A   A   M   D   23D. ADDRESS NAME (Type)	_
ertificat	An all		A.S. LITTEL BON SECOURS HOSPITAL	
it;			REMOVAL (Specify)  248. DATE  24C. NAME of CEMETERY of CREMATORY  24D. LOCATION (City, lown, or county) (Stote)	_
0 3	shows: (1) was D.O. deceased written a		Burial 1/2/70 Crestlawn Cemetery Carroll Cty, Maryland DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR 250, FUNERAL DIRECTOR 1/30 ADDRESS	_
This	sho ded ded			re

VS 150-REV. 1/1/68

death accurred on the date 12-29-69 Attending Med. Director Phys. 23 D. ADDRESS SECOURS 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) Crestlawn Cemetery Carroll Cty, Maryland 25C. FUNERAL DIRECTOR ADDRESS 1630



7-	5321
	death occurred in a hospital and it or contributing cause of death Undetermined cause; (5) Deceased ras in regular attendance on the deceased prior to death. Such osition is made.
IMPORTANT	or his assistant if Also, if the direc e of any kind; (4) nounced death w attendance on th med or final disp
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT 69 13054 CERTIFICATE OF DEATH

69 13054 REG. NO.

BIRTH NO.			CLIVIIIICA	VIL OI D						
1. NAME OF DE (Type or Print)	Roland	Kaise	er Zent		Dec	31,19	69.		9:30 P.	M.
FULL NAME OF	LTIMORE, MARYLAND, W	AL OR INSTITU	TION, GIVE STREET	A. STATE	B. COL	JNTY	ived. If ins		Idence before odmi	ssion)
HOSPITAL OR	ADDRESS OR LOCA	(TION)		C. CITY OR TOV			D. INSI	YES TIM	NO 🗆	
00	2711 Harl	em Ave.		E. STREET AND		A	1	123 [_]	110	
5. SEX	6. RACE	-		B. DATE OF BIR		Avenue:		1 16 10 1 1		4 11
Male	Caucasian	WIDOWED	NEVER MARRIED DIVORCED	Nov . 17		last birthday	eors	If Under Months D	1 Yr. II Under 2	Ain.
	CUPATION (Give kind of work f working life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY			County			N OF WHAT COL	INTRY?
Retire				14. MOTHER'S					U.D.A.	
	Zentz				rgaret	O/115				
15. Wos Decease	d Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMAN	~			= /	ADDRESS	
No No	n) (II yes, give wor or dote	s of service)	SECURITY NO.	Mrs.Ger	trude	Zentz	3314	4 Dudl	ey Ave.	
18.41	0.91		CAUSE OF DEAT						APPROXIMATE INTER	
DISEA	LEADING TO DEATH	RECTLY	(A) IMMEDIATE CA	6.		1	0	4	10	
DISEASES	mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if he obove cause (A) IG CONDITION last.	ony, giving	- Xhte	A CONSEQUEN	CE OF:	ede Va				1000.
F TO THE DEA	IFICANT CONDITIONS CO	HE TERMINAL								
	F OPERATION 198. CON WAS PERI	DITION FOR V	VHICH OPERATION	20A. AUTOP	SY?		S, WERE F	INDINGS OF DI	CONSIDERED EATH?	
_ OR CONTRIB	ENT WAS UNDERLYING DUTING CAUSE OF y medical examiner	21 B. hom etc.)	PLACE OF INJURY (e.g., e, larm, loctory, street, c			(If i	n Boltimore	City, give	exact location)	
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		INJURY OCCURRED  le At  Not Whi k  At Work	le C	OW DID II	NJURY OCCUR	?			
	y that (I) (this haspital			1-9-		1959 to		2-	31- 196	59.
that (I) (we	a) last saw the decease	d alive an	7-22	_19 6	and	that in (my) (	our) opir	nion deoth	occurred on the	e dote
and hour or	nd from the causes stat	ed above. (1	) (We) (did) (dld nat)	view the body o	fter deotl	1.	WEST C	23B, DATE	SIGNISD.	PASSE.
	Mary !	7./8	DEGREE PH	ys. AU C	Med. Director	Shaff Phys.			2,1970.	
23 C. PHYSICH	Type Dr. Harry L	Knipp	DEGREE	4116 Ed	lmonds	on Ave.		Balto.	Md.	
24A. BURIAL CR	(Specify)	24C. NA	ME of CEMETERY OF CR		24D.	LOCATION	(Cit	y, town, or	county) (S	tote)
Burial 25A. DATE REC'I	. 1/5/70 D BY HEALTH DEPT.	Lo:	rraine Park (	25C. FUNER	AL DIRECT	Baltim		arylar	address	
J	THE POID	laber Ei		Witzk	e Fune	Pral Home	9 410	01 Edm	ondson Av	е.
VS 150-REV. 1/1.	/6B					4				

BALTIMORE	CITY	HEALTH	DEPARTMENT
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REG.	NO	6	9 1	30	53	5
neo.	110.				-	

BIRTH NO. 69 13	3055 CERTIFICA	TE OF DEATH REG. NO	02 19000
1. NAME OF DECEASED	N	2. DATE AND HOUR OF DEATH	1
3. PLACE IN BALTIMORE, MARYLAND, WHERE	YOUNKER	14. USUAL RESIDENCE (Where deceased lived If	969   9145 Am.
		A. STATE B. COUNTY	Institution; residence before admission;
HOSPITAL OR ADDRESS OR LOCATIONI	INSTITUTION, GIVE STREET	836 STANFORD ROAD	SIDE CITY LIMITS?
CHURCH HOME AND HO	SPITAL	BALTIMORE	YES A NO
35 100 NOR TH BROADWAY		E. STREET AND NUMBER	
BALTIMORE, MARYLAN  5. SEX   6. RACE   7. MARYLAN		MARYLAND 21229	
WHITE	ARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years last birthday)	Months Doys Hours Min.
10A, USUAL OCCUPATION Give kind of work 10B, K	OWED DIVORCED IND OF BUSINESS OR INDUSTRE	JULY 27 1900 69 11. BIRTHPLACE (Stole or foreign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	PAINTER_RETIRED	MARYLAND	The state of the party of the p
Retired Printer	TAINTEN-RETTRED	14. MOTHER'S MAIDEN NAME	
WILLIAM YOUNKE	R	MARIE STOLB	
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS
(Yes, no or unknown) lif yes, give wor or dotes of so	SECURITY NO. 212 07 3586	Mrs. William F. Younker,	836 Stamford Road
18. 44 / 1	CAUSE OF DEATH		APPROXIMATE INTERVAL
DISEASE OF CONDITION DIRECTLY	Y		BETWEEN ONSET AND DEATH
LEADING TO DEATH  [This does not mean the mode of dying	(A) IMMEDIATE CAU	SE MYOCARDIAL INFAR	CTION 3 days.
heart failure, asthenia, etc. It means the d	isease,	A CONSEQUENCE OF:	
injury or camplication which caused death,  ANTECEDENT CAUSES	J.		
DISEASES OR CONDITIONS, if any,	giving DUE TO, OR AS	A CONSEQUENCE OF:	**************************************
nise to the above cause (A) statin	g the		
II	(c)		
O OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO THE TERM OF DISEASE OR CONDITION GIVEN IN PART 1 (A).	JING Hemory	rage from Splemic of	rung 2days
TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).	1177	,	rus /
194 DATE OF OPERATION 198, CONDITION WAS PERFORME HEMPTON	D Acute Abstoning	20A. AUTOPST? (Tes or No.) 20B. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLTING	218 PLACE OF INJURY (e.g., in	ar obout 21 C. WHERE DID (If In Boltime	ore City, give exoct location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, at	ice bidg., INJURY OCCUR?	
21D. TIME (Month) (Doy) (Teot) (Hou	1 21E INJURT OCCURRED	21F. HOW DID INJURT OCCUR?	
(APPROX)	While At Work At Work		
22. I certify that (1) (this haspital) often	nded the deceased from	Dec 27th 1969 to 1	Dec 30th 1969
that (I) (we) lost saw the deceased oily	on Dec 30th	19.6.9and that In(my) (aur) op	Inton death occurred on the date
and haur and fram the causes stated ab-	ove. (1) (We) (did) (did not) v	lew the body ofter death.	
23A. SIGNATURE	IATE OF THE PROPERTY OF THE PR		23B, DATE SIGNED
CAO XXX	DE GREE Phys		Dec 30th 1969
23 C. PHYSICIAN'S NAME (Type)	2	3D. ADDRESS	
A Jbyam	DEGREE	Church Home and Hospital	
KEMOVAL (Specify)	24C. NAME of CEMETERT of CRE		ity, town, or county! (State)
Burial 1/2/70 25A. DATE REC'D BT HEALTH DEPT. 25B. N	Loudon Park Cemet		ADDRESS
10000 00000 0000		vitzke 1630 Edmondson A	ve. Catonsville
JAN 2 1970 Gobert E. Farley, M.D. 1 WIER O 1950 Edmondson Ave. Catonsville			

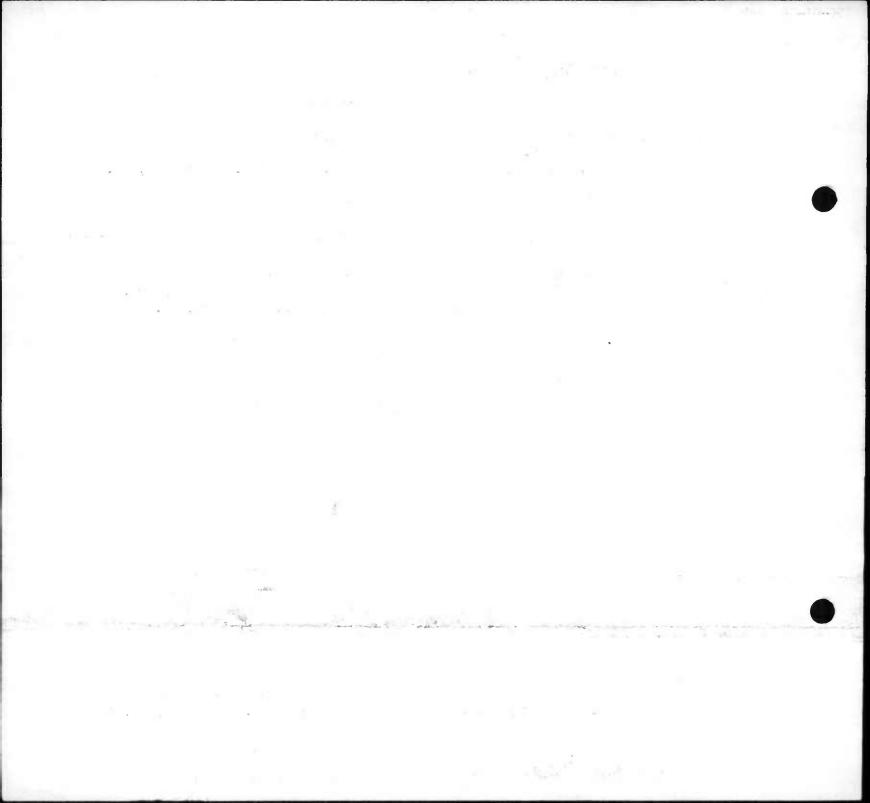
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BALTIMORE CITY HEALTH DEPARTMENT

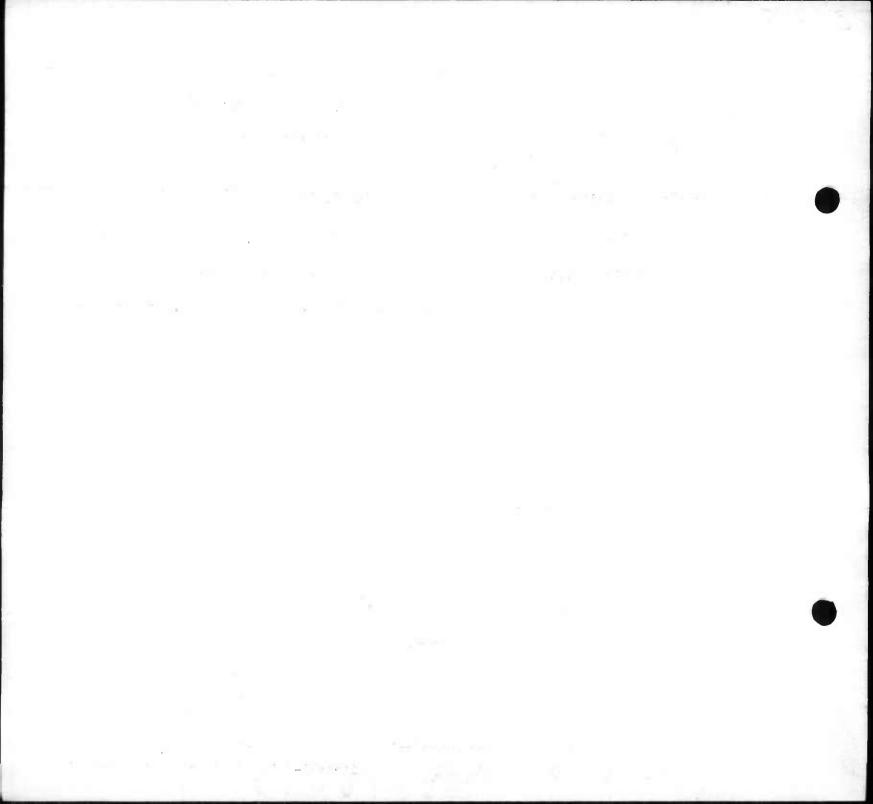
REG. NO.	69	1305
11001110.		

BIR	TH NO. 69 13U5	CERTIFICA	TE OF DEATH	REG. NO	09 19090
1, N (Ty	Pe or Print)		-	ND HOUR OF DEATH	.15
3.	PLACE IN BALTIMORE MARYLAND VHERE PRO	本と	I VE		69 1 713 AM
FU	LL NAME OF (IF NOT IN HOSPITAL OR INS		A. STATE B. COU	ere deceased lived, If in: NTY	stitution: residence before odmission)
IN	STITUTION ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
1/2	Baltimore City Hospi	tals	Baltimore E. STREET AND NUMBER		YES X NO
	4940 Eastern Ave.  Baltimore, Md. 2122	A		Ch D. N. I	W1 01005
5. 3	EX 6. RACE 7. MARRIE	D NEVER MARRIED	808 N. Durham	9. AGE (In years	re, Md. 21205
11	Male Negro WIDOW	DIVORCED	10-3-27	lost birthdoy)	Months Doys Hours Min.
don	USUAL OCCUPATION (Give kind of work 10B, KIND during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or fore	eign country)	12. CITIZEN OF WHAT COUNTRY
	Laborer		Maryland		U.S.A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
	John Booth		Louise Ho	lliman	
(Yes	Was Deceased Ever in U. S. Armed rorces? ,no or unknown) (If yes, give wor or dotes of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT	4940 Eastern	Ave. ADDRESS
n	0	220-18-5702	BCH Records: B	Baltimore, Md	. 21224
	18./62./	CAUSE OF DEATH			APPROXIMATE INTERVAL
	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	CONS	mictive PER	MARN: L'a	BETWEEN ONSET AND DEATH
	(This does not mean the made of dving e	(A) IMMEDIATE CAU	SE A CONSEQUENCE OF:	1010131115	TNO
	hearl failure, asthenia, etc. It means the diseasinjury ar camplicalian which caused death.)	ie,	A CONSEQUENCE OF:		
	ANTECEDENT CAUSES	Moto	tece tom	CARCUITALA	1400
	DISEASES OR CONDITIONS, if any, givin	DUE TO, OR AS	A CONSEQUENCE OF:	CHRCI DUIUSC	2000
	rise to the abave cause (A) stating II UNDERLYING CONDITION last	(c) Car	cenonia he	eng	lyr.
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART 1 (A).	3 L		O .	
RTIFIC	19A-DATE OF OPERATION 19B. CONDITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
	OK CONTRIBUTING CAUSE OF	B. PLACE OF INJURY (e.g., in ome, form, foctory, street, all ic.)	or obout 21 C. WHERE DID	(II in Baltimore	City, give exact location)
ā	21D-TIME (Month) (Doy) (Year) (Hour) 2	E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
	(APPROX)	Vhile At Not While At Work			
	22. I certify that (1) (this hospital) attended the deceased from DEC 27 19 69 to DEC 30 19 69				
	that (1) (we) last saw the deceased office an		19 69 and the	at In(my) (aur) apini	on death occurred on the data
	that (1) (we) last saw the deceased olive an Dec 30 19 69 and that in (my) (aur) apinion death occurred on the date and hour and from the causes stoted above. (1) (We) (did) (did not) view the body ofter death.				
	3A. SIGNATURE				23R DATE SIGNED
	Jole N. Schuma	CHUP DEGREE Phys.	2D ADDRESS	Staff Phys.	12/30/69
	Dale N. Schumacher		Baltun	ore City Hos	
24A.		NAME of CEMETERY OF CREA	4940 Eastern Av		town, or county) (Stote)
Bı		. Auburn Cemete		,	
L	DATE REC'D BY HEALTH DEPT. 25B. NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR	ltimore, Mar	yland Arra 24PD#\$55
	JAN 2 1970 068 4 E. S	aber M.D.	Marsiall W.	Jones, Jr.	Ave. 21213
V\$ 1	50-REV. 1/1/68				



C-4551

4551	BALTIMORE CIT	Y HEALTH DEPARTMENT
20 oz	69 13057 CERTIFIC	ATE OF DEATH REG. NO. 69 13057
deat deat deat deat n th	BIRTH NO.	2. DATE AND HOUR OF DEATH
Sade	(Type or Print) MANFINE A. O. 1/1 0 1/1	1 1 9 19 15 1 3-35-A
Dec Dec	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
S		A. STATE B. COUNTY
da (5)	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Md. Baltimore 5300
ng cau cause; attend ior to	INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
ng cau	12 m	Rodgers Forge YES X NO
O L .	PILLERCY NOShitzL	603 Murdock Road
hed lar	5. SEX 6. RACE VA MARRIED AND AND ALL TO ALL PRICE TO	S DATE OF SIGN
3 :	TO THE WERE MARKIED	Jan 9, 1903  S. DATE OF BIRTH  9. AGE (in years ill Under 1 % ill Under 24 Hrs. Months Doys Hours Min.
ont ont reg reg	IOA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR	van 7, 170)   66   ! ! !
no e con	done during most of working life, even if retired)	Y 11. BIRTHPLACE (Stole or loreign country) 12. CITIZEN OF WHAT COUNTRY?
rect or (4) Und was i the d	Housewife	Baltimore Md. USA
wa wa the	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
F .=	Patrick Moylan	Mary Verbnica Kearney
ind; (ind; eath	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
the direction of the last the death last the las	47	Gerard J. Callanan 314 E. Melrose Ave
E.T.	18. / 5   9   CAUSE OF DEA	V
ode	DISEASE OR CONDITION DIRECTLY	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
lso, of of of of of	LEADING TO DEATH	Cardiere energy To D
Alsonononon	(This does not mean the made of dying, e.g., (A)IMMEDIATE CA	A CONSEQUENCE OF:
orc ba	heart failure, asthenia, etc. It means the disease, injury or complication which caused deoth.)	
fra o de la constanta de la co	ANTECEDENT CAUSES OF	cenous of tous as a
A free	DISEASES OR CONDITIONS, if any, giving DUE TO, OR,A	S A CONSEQUENCE OF:
o X m _ c o	II I was to me about conse (v) statilid life	là diffuse abdonnal metastasis.
	UNDERLYING CONDITION last. (C)	
	z II	
medi bur phys an w an w	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING E TO THE DEATH BUT NOT RELATED TO THE TERMINAL   DISEASE OR CONDITION GIVEN IN PART 1 (A).	
	DISEASE OR CONDITION GIVEN IN PART 1 (A).	20 A ALIBORANA IV M. H. O.O
- 0 0 5 5 4	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Year or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
C	U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INTURY (e.g.	In or obout 21 Co WHERE DID (If In Baltimore City, give exect location)
	OR CONTRIBUTING CAUSE OF CEATH (notify medical examiner)  21B. PLACE OF INJURY (e.g., home, farm, factory, street, etc.)	In or about 21 G. WHERE DID (If in Boltimore City, give exact location)
whe do	2 21D-TIME (Manth) (Doyl (Yeod (Hour) 21E INJURY OCCURRED	
	I W IOE IN ILIPY	21F. HOW DID INJURY OCCUR?
	(APPROX.) While At Not Whi	
the an	22. I certify that (() (this hospital) attended the deceased from	12/19 1969 to 12-29 1969
0 0	that (3) (we) last saw the deceased alive an 12 - 29	19 6 g and that in (my) (our) apinian death accurred on the date
00-	and have and from the causes stated above. (!) (10) (did) (did)	
eleased ccident a hospit to deat al must	23A. SIGNATURE	238. DATE SIGNED
	All andtite Luclia All	ending Med. T Staff T 12 20 49
	23C. PHYSICIAN'S NAME (Type)	23D- ADDRESS
Was range An a An a brior prior	II I KANDHIK IVASAV SVOTT .	M. 11 to Balt md 21222
Was r 1) An a 1.A. at d prior approv	M. B.S. Wiscone	Mercy Hospital, Dallo, 119,21202
	24A- BURIAL CREMATION, 24B. DATE 24G. NAME of CEMETERY or CR	EMATORY 24D. LÓCATION (City, town, or county) (Stote)
the body shows: () was D.O decease	Burial   12/31/69   New Cathedral	Baltimore Md.
ho ho	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Mitchell-W ledefeld Home 6500 York Rd
-∓5503	JAN 2 1970 Vable E. Jaiker, M.D.	O O d II
	VS 150-REV. 1/1/68	U U I I



VS 150-REV. 1/1/68

BALTIMORE	CITY	HEALTH	DEPART	MENT

REG.	NO.	69	13058	

BIRT	H NO. 69	13058	CERTIFICA	TE OF DEATH	REG. NO	69 13058
(Тур	or Print	2 7. 1	Kohlhen	D 2. DATE AN	2-31-6	9 1130/ 4
3. PI	ACE IN BALTIMORE, MARYLAND,	WHERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (When A. STATE B. COUN	re deceased lived, It in:	Stitution residence before admission)
II HOS	L NAME OF (IF NOT IN HOSPI PITAL OR ADDRESS OR LOC	TAL OR INSTITUT	TION, GIVE STREET	MARYL 14 C. CITY OR TOWN		DE CITY UMITS?
	n r			BALTIMO	RE	YES NO
5 61	MEI	RCY H	HOSPITAL	E. STREET AND NUMBER	NORTHER	en PKWY
5. SE	ESMALS ////		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	11 Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A.	USUAL OCCUPATION (Give kind of wo	WIDOWED L	DIVORCED DIVINESS OR INDUSTRY	11. BIRTHPLACE (State or lore)	73 35	12. CITIZEN OF WHAT COUNTRY?
done	during most of working life, even if retired)			MARYLA		
13. F	Homemaker ATHER'S NAME			14. MOTHER'S MAIDEN NAM	ME	USA
16 W	FRANCIS	TORM	724	MARY	HEU15	
(Yes,	as Deceased Ever in U. S. Armed Fo	os of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	no	]	L59-07-3417 B		hepp, Sr.114	7 Northern Pkwy.
	DISEASE OR CONDITION D	DECTIVE Y	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
	LEADING TO DEATH		(A) IMMEDIATE CAU	SE Acrete 1	renchial	
1 12	This does not mean the mode a neort failure, asthenia, etc. Il mean: njury ar complication which cause	the disease.		CONSEQUENCE OF:	7740	
	ANTECEDENT CAUSE	5	4-1			·
	DISEASES OR CONDITIONS, IF	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
	ise Ia the abave cause (A) JNDERLYING CONDITION last.	slaling the	(c)			
	II			1 -	0) +	
A	OTHER SIGNIFICANT CONDITIONS CO O THE DEATH BUT NOT RELATED TO ISEASE OR CONDITION GIVEN IN PA	THE TERMINAL	Deat	etis mi	llebers	***************************************
Ē	A DATE OF OPERATION 198 CON WAS PER	IDITION FOR WI	ICH OPERATION	20A. AUTOPSY? (Yes or No.	IN CERTIFYING CAU	INDINGS CONSIDERED
10	A ACCIDENT WAS UNDERLYING R CONTRIBUTING CAUSE OF EATH Inosity medical examined	21 B, Pl home,	LACE OF INJURY (e.g., in form, fociory, street, off	or obout 21 C. WHERE DID INJURY OCCUR?	(if in Boltimore	City, give exect location)
2	D. TIME (Month) (Doy) (Yout)		NJURY OCCURRED	21F. HOW DID INJU	INV OCCUM	
	APPROX.)	While Work	At Work			
	2. I certify that (1) (this hospita		deceased from	2 - 3/1	9 <u>69</u> to	2-31 19-19
	nat (1) (we) lost saw the decease		17-31	19and the	nt in (my) (our) opin	Ian death occurred on the date
2	nd hour and from the causes sta	ted above. (1)	(We) (did) (did not) vi	ew the bady after death.		
	P C M.	E1	Atten	ding Med.		23B. DATE SIGNED
2	C. PHYSICIAN'S	5-1	DEGREE Phys.	Director L i	Staff Phys.	12-31-69
	NAME (Type)	PEPLIF	2			
24A.	BURIAL CREMATION, 248. DATE REMOVAL (Specify)		AE of CEMETERY OF CRE	MATORY 24D. LO	CATION (City	, town, or county! (Stote)
	Burial 1/3/70	Cathe	dral Cemeter	D.		MD.
	DATE RECO BY HEALTH DEPT.	25B NAME OF	REGISTRAR	25C. FUNERAL DIRECTOR	alto. efeld Home-6	
	SILLIA MAIA			11 (3 (1 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2	4	

SEE FAN BEING

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

VS 150-REV. 1/1/68

HEALTH	DEPARTMENT
	HEALTH

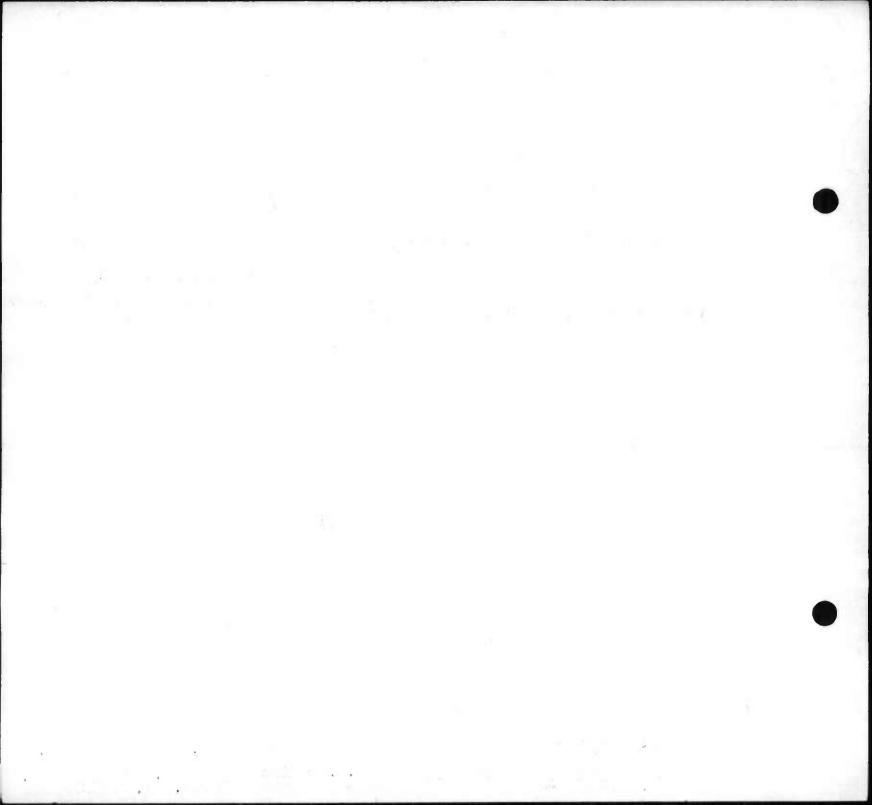
REG. NO.	69	13	05	(
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	in No.	059 CERTIFICA	TE OF DEATH	REG. NO.	00 10000
	Pe of Print) ME/VIN A.	GRAHAM	2. DATE AN	D HOUR OF DEATH	7:15 pm
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	A. USUAL RESIDENCE (When	e deceased lived, if inst	ilution: residence before admission!
H	ILL NAME OF (IF NOT IN HOSPITAL OR II DSPITAL OR ADDRESS OR LOCATIONI STITUTION	NSTITUTION, GIVE STREET	C. CITY OR TOWN	D. INSID	E CITY LIMITS?
L	UNION MEMORIAL	Hospital	E. STREET AND NUMBER		YES NO 🗌
	14		633 E.	33 Rd JE	
5.	Na W	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 % if Under 24 Hrs. Months Doys Hours Min.
10/	LUSUAL OCCUPATION (Give kind of work 108, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or force	gn country!	12. CITIZEN OF WHAT COUNTRY?
dor	e during most of working life, even if retired)	THERN-BEEF CO	- 1		USA
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
		Roham	CAtheni	NE HEI	η
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) lif yes, give wor or doles of serv		17. INFORMANT	0.1	ADDRESS
L	UWI	215-01-041		Graha	m Same
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATI	19esperatory	failwer.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A)IMMEDIATE CAU	SE Pulmonary	embali	1
	(This does not mean the mode of dying, heart loilure, asthenia, etc. It means the disc	e.g., DUE TO OR AS	A CONSEQUENCE OF:		***************************************
	ANTECEDENT CAUSES	Emp	livenia	200,000	
	DISEASES OR CONDITIONS, if any, gi	ving (B) DUE TO, OR AS	A CONSEQUENCE OF:	The state of the s	***************************************
	rise to the obove cause (A) stoting UNDERLYING CONDITION last.	the (c) +/ype	A CONSEQUENCE OF:	1 heart	
-	l l				
ATTO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMI	NG NAL		Y, S	> ,
O	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19B CONDITION 19B CON	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	208, IF YES, WERE FIR	IDINGS CONSIDERED
CERTIF	2		11-0		
CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (noity medical examiner)	21B PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	in or obout 21 C, WHERE DID fice bldg., INJURY OCCUR?	(It in Soltimore	City, give exoct location)
MEDI	OF INJURY (Month) (Doy) (Yearl (Hous)	21E INJURY OCCURRED	21F. HOW DID INJ	JRY OCCUR?	
	(APPROX.)	While A! Not While At Work	· 🗆 🗼		1 2
	22. I certify that (1) (this hospital) attend		191	9 <u>7</u> ta	196
	that (i) (we) last saw the deceased alive			it in (my) (aur) aplni	an death accurred an the date
	and haur and from the causes stated above	e (I) (We) (did) (did not) vi	lew the body after death.	12	38. DATE SIGNED
	Konsell With	LL MODEGREE Phys	nding Med.	Stoff Phys.	12/31/69
	23C. NYSICIAN'S NAME (Type)	DEGREE	3D. ADDRESS		.010/10/
244	NAME (Type) Dr. Ronald V. Guhle	DEGREE	Union Memor		
_	KEMO VAL (Specify)	C. NAME of CEMETERY OF CRE			town, or county! (Stote)
		aklawn Cemeter ME OE REGISTRAR	25C. FUNERAL DIRECTOR	timore Coun	
	JAN 2 1970 7 36	E. Jaben M.D.	25C. FUNERAL DIRECTOR	Sons Co. 4	905, york Rd.

RE 18 80/ 11 Trom H Stor - Cathery How Ewin St. S

7-	1301				69 13	2060	BALTIMORE CITY		
	and eath ased the Such	1.1	NAME OF DEC	EASER	7	,	CERTIFICA		2.
			PLACE IN BALT	COL.	De/	PHIN RE PRONOUNCE	I HE B		AL RESIDE
	host use ; (5) danc	FU HO	ILL NAME OF OSPITAL OR STITUTION	(IF NOT	IN HOSPITAL	OR INSTITUTION	, GIVE STREET	A. STAT	Ry / B
	in g c g c d aus		. 1 /	BON	Secol	irs H	OSPITAL	E. STREE	ETIM
	ibut ined ined ined ined ined	5. :	SEX	6. RACE	7.	MARRIED	EVER MARRIED	B. DATE	OF BIRTH
O	occu ontri ermi regu is m	10Å	LUSUAL OCCU	PATION (Give		KIND OF BUSI	DIVORCED NESS OR INDUSTRY	12.	-23 -
	or nde s in de		RETIR FATHER'S NAM	ED-0	F FICER	21.5.	ARMY	Ch	CIFE
	# (4)			SEPH	V. The	ebaud		14. MOT	ARIC
TAN	istar he c kind deat ce o nal	15. (Ye:	Was Deceased s, no or unknown)	Ever in U. S. Of yes, give	war or doles of	service) 16.5	OCIAL ECURITY NO.	17. INFO	cho
IMPORTANT	N DOCO		18. DISEAS	e OR COND	OITION DIRECT	7LY	CAUSE OF DEATH		1
	Alsonous attachment		[This does not heart foilure.	LEADING TO Il mean the Isthenia, etc	DEATH mode of dyi	ng, e.g.,	(A) IMMEDIATE CAU		CROY.
TOR	frac frac o p gul		infnih at cami	NTECEDEN	ch caused dea	ith.)	(0)		
FUNERAL DIRECTOR:	D (7 = - 1		DISEASES OF	abave co	ONS, il any, suse IA) sla N last,	giving ling the	(B) DUE TO, OR AS	A CONSE	QUENCE (
10	medical berns; ( hysiciar in was i remains	z	OTHER SIGNIE	II	TIONIC CONTRI	IDUTING	/~/		1-11-2-1-1-1-1-1
RA	w E L D D a	CATION	DISEASE OR CO	I BUT NOTRE	TIONS CONTRI LATED TO THE TE VEN IN PART 1 (	ERMINAL	***********************	100	
N	h 8 4 s	ERTIFIC	0		WAS PERFORA	MED			W a
14	244500	CALC	OR CONTRIBUT DEATH (notify	ING CAU	SE OF	home, lorn	E OF INJURY le.g., in n, foctory, street, off	or about ice bldg.,	INJURY O
	ved hos natu ept d (6)	MEDI	21 D. TIME OF INJURY (APPROX.)	(Month) (Do	y) (Yeor) (H	Our 21E INJU While At Work	RY OCCURRED  Not While At Work		21F. HOW
	an)		22. I certify t			tended the dec		7/	28
	assed to dent of ospital death) must be		and have and	from the co			) (dld) ( <del>dld not)</del> vl	ew the b	ody after
	released accident a hospit		23A. SIGNATUR	M.	ab	bas	M.D. Atten	ding	Med. Direct
	This certificate must be the body was released shows: (1) An accident cwas D.O.A. at a hospitadeceased prior to death written approval must		23C. PHYSICIAN NAME (Ty	pel M.	Abb	as M		3D. ADDR	Bon
	ody s: (1) D.O.A	1	REMOVAL (SE Burial	ATION, 248.	/3/70		CEMETERY of CREA		
	This certif the body shows: (1) was D.O./ deceased written a			N 2	170 78	NAME OF REG	Cathedra		UNERAL I
		VŞ	150-REV. 1/1/6			6 4,3		<u> </u>	U

69 13060		HEALIH DEPARTMENT		69 13060
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	
1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	1 15
(ol. DelpHi	N IHEB	AUD 12	-31-6	9 1 - TUM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONG	DUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. Il in	stitution; residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION)  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION)	TUTION, GIVE STREET	MARY land		1201
FULL NAME OF (IF NOT IN HOSPITAL OR INSTI HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OF TOWN	D. INSI	IDE CITY LIMITS?
34 2	//	DALTIMORE		YES NO
34 BON Secours	HOSPITAL	E. STREET AND NUMBER	11	Part
5. SEX   6. RACE   7. 84 A DDIED	7 5			Ty Mekwacj
MARKIEL	Z ITET EK MAKKIED	10 12 89	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND O		11. BIRTHPLA CE (Stote or forei	80	
done during most of working life, even if relired)				12. CITIZEN OF WHAT COUNTRY?
KETIRED-OFFICER 2	(.S. ARMY	(ACIFORNI		U.S.A.
13. FATHER'S NAME		4. MOTHER'S MAIDEN NAM		
	ud	MARIE	KUPEN	SHANK
15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, give war or doles of service)	1 6. SOCIAL SECURITY NO.	7. INFORMANT		THER C. THEBAU
VES WHITXWNITE	213-28-6937	H. Chart	11113	AME)
TB. 4 / 2 = 1	CAUSE OF DEATH			APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	Dolo	30 land 11	PART DISE	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAUS		ART UISE	EASE VEARS
heart joilure, asthenia, etc. It means the disease	DUE TO, OR AS A	CONSEQUENCE OF:		
injury ar camplication which caused death.)				
ANTECEDENT CAUSES	(B)	***************		***************************************
DISEASES OR CONDITIONS, il any, giving rise to the abave cause IA) stating the	DUE 10, OR AS A	CONSEQUENCE OF:		
UNDERLYING CONDITION last.	(C)			
z				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B, IF YES, WERE F	INDINGS CONSIDERED
WAS PERFORMED		Na	IN CERTIFYING CAL	JSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 211	B. PLACE OF INJURY le.g., in me, lorm, foctory, street, offi-	or obout 21 C. WHERE DID	(If In Boltimore	e City, give exoci location)
DEATH (notify medical examine)	)	ca pigg" livinki occosi		
21D. TIME (Month) (Doy) (Year) (Hour) 218	E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
(APPROX.)	hile At Not While	п		
22. I certify that (f) (this haspital) attended		7/20 1	969 to 12	120 1060
that (A) (we) last sow the deceased alive an_	3 40 1 0 1	1 1 1 1		<u>/_3.119.6.7</u>
and haur and from the causes stated abave.			Tin(bry) (dur) apir	nian death accurred an the date
23A. SIGNATURE	, (me) (ala) (=11=1101) VI	w the body after death.		23B, DATE SIGNED
Mr. abba	o M.D. Attend	ding Med.	hys.	12-31-69
23C. PHYSICIAN'S NAME (Type)	DEGREE Phys.	D. ADDRESS	hys. 1/21	
NAME TIYPES M. Abbas	M.D.	Bon as	cours	HOSB.
24A. BURIAL CREMATION, 24B. DATE 24C.N	AME of CEMETERY OF CREM	AATORY 24D. LO	CATION (C)	v town or country (Start )
REMOVAL (Specify)				y, town, or county) (State)
172/10	New Cathedra		timore,	Md.
	Jaiber, M.D.	H W Jen leins	& Sons Co	4905 York Rd.

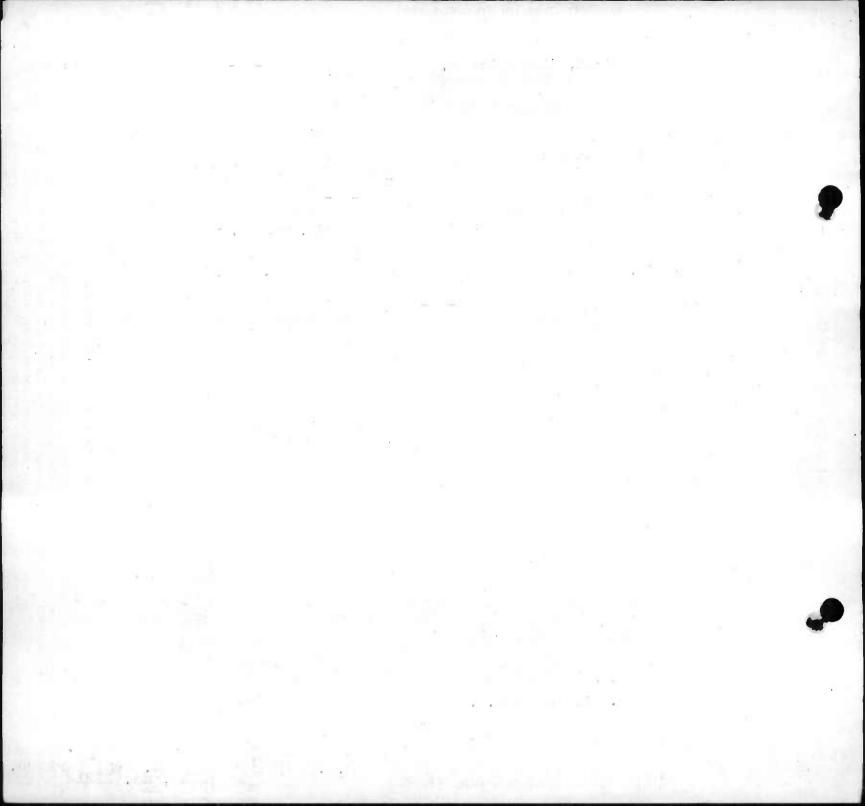


7-6231	BIRTH NO.	6	9
an ase ase Suc	1. NAME OF DECE	Wright,	Mi
of d	3. PLACE IN BALT		
hosp use (5) I	FULL NAME OF HOSPITAL OR	(IF NOT IN H	
000000	1 2 2 2		

BALTIMORE CITY HEALTH DEPARTMENT 13061 CEDTIEICATE OF DEATH

REG. NO.

BIRTH NO.			CLKTITICA	IL OI D	LATIT				
Type or Print)	Wright, Mi	iss Alic	ce V.		12-31				15am <sub>M</sub>
3. PLACE IN BA	(IF NOT IN HOSPIT ADDRESS OR LOC	TAL OR INSTIT	UNCED DEAD UTION, GIVE STREET	Marylan	B. COUNTY	ceased lived. If in	10	20	2
INSTITUTION				C. CITY OR TOW		D. INS	IDE CITY LIMITS		
Keswick				E. STREET AND			YES 🎉	NO L	
/700 Wes	st 40m Street	t			t Paul S	treet			
. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRT		GE (In years birthdoy)	II Under 1 Y Months: Doy	tl Und	er 24 Hrs. Min.
F	W	WIDOWED	DIVORCED _	2-27-94		75			
		k 108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreign o	ountry)	12. CITIZEN	OF WHAT	COUNTRY
	working life, even if retired)	Hos	pital	Baltim	ore, Md	•	US	A	
Nurse B. FATHER'S NA	AA F	-		14. MOTHER'S					_
Robert	A. Wright			Ali	.ce V. Wi	llhide			
. Was Decease	d Ever in U. S. Armed Fo	rces? es ol service)	1 6. SOCIAL	17. INFORMANT			ADI	DRESS	
no	, give wor or or	00 01 00111001	219-30-7438	Keswick	Medical	Records			
18. 4	2.3		CAUSE OF DEAT	H _				PROXIMATE T	
DISEA	SE OR CONDITION DE	RECTLY		7				(D)	
	LEADING TO DEATH		(A) IMMEDIATE CAL	ISE IN	Gordname			340	MS
hearl failure	nol mean the mode of , asthenia, etc. It means mplication which caused	the disease,	DUE TO, OR AS	A CONSEQUENCE	OF:				
	ANTECEDENT CAUSES	S	1500	1 . O. M	1 11.0 S	salo usa	10	2 11	5
DISEASES OR CONDITIONS, if any, giving  (B)  DUE TO, OR AS A CONSEQUENCE OF:									
	ne above couse (A)		,	1 2	7.7	6.		2	10
UNDERLYIN	G CONDITION lost.		(c) My 40	condia	TN.10-	GLEON		20	112.
TO THE DEA	II  IFICANT CONDITIONS CONTH BUT NOT RELATED TO TO TO TO THE TO	THE TERMINAL							
	F OPERATION 198. CON		WHICH OPERATION	20 A. AUTOPS	Y? (Yes or No) 20	B. IF YES, WERE	FINDINGS COL	NSIDERED IH?	
OR CONTRIB	ENT WAS UNDERLYING [UTING CAUSE OF y medicol exominer)	21 B horn etc.	PLACE OF INJURY (e.g., ine, form, foctory, street, o	n or obout 21 C. W ffice bldg., INJURY	HERE DID	(If in Boltimo	re City, give exc	oct locotion)	
21 D. TIME	(Month) (Day) (Year)	(Hour) 21E	INJURY OCCURRED	21 F. H	OW DID INJURY	OCCUR?			
OF INJURY			ile At Not Whil						
		Wo		1		d	1100		19
22. I certif	y that (1)(this hospita	d) ottended t	he deceosed from	10 150	19	2 0 to	21 The	1	0 10 1
that (1) (we	) last sow the deceos	ed olive on	21 Ppc	19 6	ond that i	n (my) (our) op	inion deoth o	ccurred or	the do
and hour or	nd from the couses ste	ted obove.	() (We) (did) (did not)	iew the body o	fter deoth.				
28A. SIGNAT	1	1		·			23B. DATE SIG	GNED	
	6 1	)(1	Mad Atte	ending M	ed. Stal		311	Jac 1	919
23C PHYSICI	Mary D. K	In prog	OE GREE Phy	23D. ADDRESS	irector L Phy	s. <u> </u>	-31		101
23C. PHYSICI NAME	Type A. Richar	dson M.	D.		rick Hom	Θ.			
AA. BURIAL CR	EMATION, 24B. DATE (Specily)	24C. N	AME of CEMETERY OF CR	EMATORY	24D. LOCA	TION (C	city, town, or co	unty)	(Stote)
Buria	1/2/6	9 1	Baltimore		Bal	timore.		Md.	
	BY HEALTH DEPT.		OF REGISTRAR	1 HOW J	AL DIRECTOR	& Sons	Co. 490	ADDRESS	rk Ro
141	3/0	14,5 6, 46	wer no			Balto	MIG.	1616	

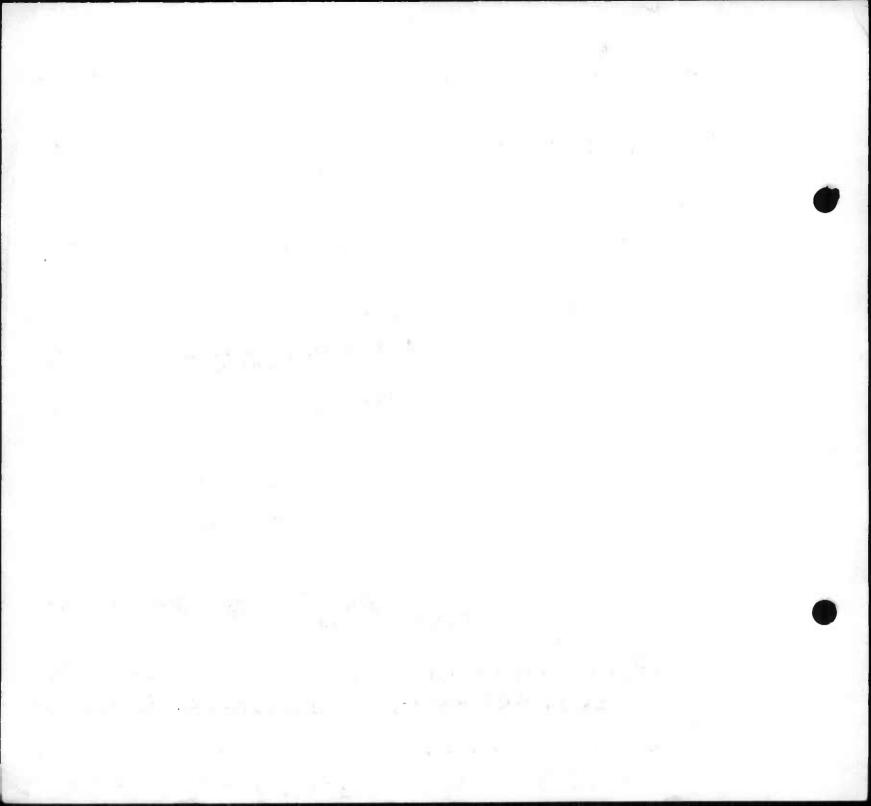


BALTIMORE CITY HEALTH DEPARTMENT		BALTIMORE	CITY	HEALTH	DEPARTMENT
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CERTIFIC	ATE	OF	DEA	<b>T</b> 11
CERTIFIC	$\Delta$ I $\vdash$	( ) <del> </del>	$I \supset F   $	TH

EG NO	69	1	3	0	6	2
EG. NO.	00	-		-	-	

the uch		ATE OF DEATH REG. NO. 03 10000
SC	I.NAME OF DECEASED	2. DATE AND HOUR OF DEATH
٦. م	(Type or Print)  (Type or Print)  A PLACE IN BATTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	12-30-69 9:00 AM
(3) Deceased ance on the death. Such	WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, II institution: residence before admission)
ndan to de	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION!	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	Bon Secours Hospital FAYEtte ST, Balto, MD.	Balto. YES X NO
r att	ALAYETTE ST, Balto, MD.	
P P P		539 5. Monroe St # 21223
ger	MAKKIED NEVER MARRIED	ILOST DIFFINOVI   Months: Dave i House i Adia
regular ceased pr n is made.	10A, USUAL OCCUPATION Give kind of work TOR KIND OF BUSINESS OR INDUSTRI	7 11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY?
io de	done during most of working life, even if relired)	
th was in the dece	Retined 13. FATHER'S NAME	MARY and MIS, A.
¥ + bds	0	
eath e on	15. Wes Decessed Ever in U. S. Armed Parces? (Yes, no or unknown)   Ilf yes, give wor or dules of service)   SECURITY NO.	Elizobeth Good
dear		530 5 Ma
ced ndan or fi	18. 24 9 1 CAUSE OF DEAT	George King (Brother) st # 2/223
tend ed o	DISEASE OR CONDITION DIRECTLY	Creange King (Brother) St # 2/223  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  USE A CONSEQUENCE OF:  A CONSEQUENCE OF:
	LEADING TO DEATH	USE CARAMANT IMMILLE
prono lar af balm	(A) INMEDIATE CAN be at failure, asthenia, etc. It means the disease,	A CONSEQUENCE OF:
3 2 E	injury or complication which caused death.)  ANTECEDENT CAUSES	PC1/D
who reger		A CONSEQUENCE OF:
S in S	I in a in the anale conse (V) Sibling the	A CONSEGUENCE OF
	UNDERLYING CONDITION last. (C)	**************************************
S & E	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	dispuismonia dans
G.D.		
here the phy No physician before the re	WAS PERFORMED	20A-AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFFING CAUSES OF BEATH?
P do	U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., i or contributing   CAUSE OF   home, farm, foctory, street, of	n or obout 21 C. WHERPOID (If in Boltimore City, give exoci location)
	Ocal in (notify medical examined)	
30	21D. TIME IMonth! IDoy! (Year! (Hour! 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
0 = -	(APPROX.) While At No! While At Work	21F. HOW DID INJURY OCCUR?
opqo		
b 2,	that (i) (we) last saw the deceased alive on	19 ond that in(my) (our) opinion death accurred on the date
death must b	ond hour and from the causes stated obove. (i) (We) (did) (did not) v	lew the bady after death.
- 2 -		nding Med. Stoff Director Phys. Dec 39 1969-
prior prior	22C BUNCLED AND	23D. ADDRESS
d prior	24A BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (City, town, or county) (State)
		(Sible)
was D.C decease written	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
₹0 ₹	JAN 2 1970 Robert E. Farber MD	SOHOLGE BOS - Frederick Ave
,	VS 150-REV. 1/1/68	AL PROPERTY OF THE PARTY OF THE



69 13063 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PEG NO

69	13063

ВІ	RTH NO.							REG. NO			
	NAME OF DECE	ASED			2. DATE	Known X	Month	Doy	Yeor	Hnur	
LIA	pe or Prini)	PAULIN	E M. Al	LBERTS	OF . DEATH	Estimated 🔲	Decemb	er 26,	1969		M.
4.	PLACE IN BALTI	MORE, MARYLAND, V	VHERE PROP	NOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour	171.
FU	LL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	TION, GIVE STREET	PRONOL	NCED DEAD	Decemb	er 26.	1969	1:00	Δ
	SPITAL	ADDRESS OR LOCA	IION)		5 USUAL DE	SIDENCE (Where					
	n h	0105 *****			A. STATE			COUNTY	A .	A A	Janes .
1	11()	2105 Wilke			(	aryland			del	90:	7
6.	SEX	7. RACE	8. MARRIED	NEVER MARRIED	C. CITY OR	TOWN	C	. INSIDE CIT	Y LIMITS?		
	Female	White	WIDOWED	DIVORCED	E	altimore		YE	s 🛚	NO 🗆	
9.	DATE OF BIRTH	10. AGE (II	yeors If	Under 1 Yr. If Under 24 Hrs.	E. STREET A	ND NUMBER					
	AN.15.	1907 lost birthdo	162 Mo	inths Doys Hours Min.	2	105 Wilke	ne Arron	110			
K	BIRTHPLACE	ote or foreign country)		CITIZEN OF	13. FATHER'		ns Aven	ue			
	mass			WHAT COUNTRY?	I A THER	) IANIIE					
	11111	YLAND		V.S.A.							
don	eduring most of wo	ATION (Give kind of work rking life, even If retired)	148. KIND O	F BUSINESS OR INDUSTRY	15. MOTHER	'S MAIDEN NAM	AE				
	HOUSE										
16.	WAS DECEASED	EVER IN U.S. ARMED	FORCES?	17. SOCIAL	18. INFORM	ANT		AD	DRESS		
(1.6	1/O	If yes, give wor or dotes	or service)	SECURITY NO.	CHAS	.A. ALR	ECTS	7-105	-11/11	KAIS	AVE
	19. 11 / 12	7		CAUSE OF DEA	TH	11.11000		7.00		PROXIMATE INT	
	9-1-8					7.4			BETW	TEN ONSET AN	ID DEATH
		OR CONDITION DIRE	CTLY	Hyperten	sive ca	rdiovascu	lar dis	ease			
		EADING TO DEATH		(A)IMMEDIATE C							
	heart failure, a	me on the mode of dy osthenio, etc. It means the	disease,	DUE TO, OR A	AS A CONSEQ	JENCE OF:					
	Injury or comp	olication which caused dea	oth.)								
	a A I	TECEDENIT CALICEC		7 - 4 - 4 - 4 - 4 - 4 - 4 - 4							
		TECEDENT CAUSES R CONDITIONS, IF ANY	GIVING	(B)	AS A CONSEC	LIENCE OF:					
	RISE TO THE	ABOVE CAUSE (A) STA'	TING THE			OLINGE OIL					
2	UNDERLTING	G CONDITION LAST.		(c)	~~~						
CERTIFICATION		11									·
S	OTHER SIGNIE	FICANT CONDITIONS CO	ONTRIBUTING	Ģ							
Ē	DISEASE OR C	ONDITION GIVEN IN PA	ART 1 (A).	***************************************							
F. T.	20A. DATE OF	OPERATION 208. COM	NDITION FO	R WHICH OPERATION WA	S PERFORM	D			21. AUTO	PSY? (Yes or	No)
O	21								(Par	tial)	
7	22A. EXTERN	AL CAUSE WAS	1228	PLACE OF INJURY (e.g.,	to or about 2	C WHERE DID (	If to Balttmare (	Thu abo evac	t location)	Yes	
EDICAL	UNDERLYING [		hon	e, form, foctory, street, office	bldg., etc.) It	JURY OCCUR?	n in banimore v	-ity, give exac	riodiionj		
一点	UTING CAU										
-	OF INJURY	lonth) (Doy) (Year	) (Hour)	22E.INJURY OCCURRED		F. HOW DID INJ	URY OCCUR				
	(APPROX.)		m.		WHILE ORK						
	23.				tial)						
	1 certif	y that I held on I	nquiry	InspectionAut	topsy X	and that on th	is basis, de	ath in my o	pinion		
	resulte	d from: Natural sou	ses V	Accident Suicid	e Ho	micide 🔲 🐧	Indetermine	t manner [	1		
		10	7	1-		HIEF MEDICAL E	_	-			
	ACTUAL	M	1.0	101.				7		DATE SIGN	ED
	SIGNATUR		Hely fel	M.D.	•	TANT MEDICAL E		X			
	NAME (Ty	I SWUDIE	Mihala	akis, M.D.	ASSO	CIATE MEDICAL EX	KAMINER L	Dece	ember	26, 19	69
24	A. BURIAL CREM	ATION, 248. DATE	2	4C. NAME of CEMETERY	or CREMATO	RY 24D. L	OCATION	(City, town,	or county)	(Stote	2)
RE	MOYAL (Specify	1/17-7	9-19	HELLI PAG	TZLED	eni I	201 77	2	no		
06	DUELL	16 6	1 0/	NEW CIT	ITEUI	-17L	111016	. /	11.		
25	A. DATE REC'D B	T HEALIH DEPI.		E OF REGISTRAR	25C. F	UNERAL DIRECTO	ROA		DRESS	FRED'IS	AVE
	- JAN	2 1970 3	386.3	about the	. De	MORT.	Achus	11/5	ALTO	mo.7	1222
VS	151-REV. 1/1/68		. 7	<del>0 7 5 5 5 -</del>	0	1 Vi 7			112.17		

1	CO 42004  BALTIMORE CITY HEALTH DEPARTMENT	0 1000
8-220	69 13064 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	9 13064
		or Hnur
	BEATRICE S. BACKUS DEATH Estimoted 12 26 69	10:45а м.
		ear Hour
Part and the same	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)  PRONOUNCED DEAD  Dec. 26. 19	69 10:45а м.
	5. USUAL RESIDENCE (Where deceased lived. If institution: restde	
	2017 W. Baltimore St. A. STATE B. COUNTY Maryland	002
	6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY LIMI	TS?
	Female White WIDOWED □ DIVORCED □ Balto.	№ □
	P. DATE OF BIRTH 110. AGE (in years   # Under 1 Yr. II Under 24 Hrs. E. STREET AND NUMBER	NOL
	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF  13. FATHER'S NAME	
	Alan Cally I Ca WHAT COUNTRY?	
	14A.USUAL OCCUPATION (Give kind of work) 48. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME	
	done during most of working life, even if retired)  HAIND nesser	
	16. WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL 18. INFORMANT ADDRESS	
	(Yes, no or unknown)(II yes, give wor or dotes of service)   SECURITY NO.	
Part III	NO NONE. 218-10-7665 Mrs FOX Alexander	APPROXIMATE INTERVAL
	4/8/4	BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY Arteriosclerotic cardiovascular diseas	a
102	(This does not mean the mode of dying, e.g.,  DUE TO, OR AS A CONSEQUENCE OF:	
	heort foilure, osthenio, etc. It meons the disease, Injury or complication which coused death.)	
and the same set		
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	
BOTHERU SEC. III	UNDERLYING CONDITION LÁST. (C)	
Maria Service	OVER SCANFIGUE CONTROL	
	CO	
	DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED [21, A)	
	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AI	UTOPSY? (Yes or No)
		No
	UNDERLYING OR CONTRIB.	on)
	□ UTING □ CAUSE OF DEATH.    Sign   CAUSE OF DEATH.	
	OF INJURY WHILE AT NOT WHILE AT	
	23. m. WORK AT WORK	
	I certify that I held an inquiry Inspection 🔯 Autopsy 🗌 and that on this basis, death in my opinio	n
	resulted from: Notural causes XX Accident Suicide Homicide Undetermined manner	
	CHIEF MEDICAL EXAMINER	
	ACTUAL ACSISTANT MEDICAL EVAMINED TO	DATE SIGNED
	SIGNATURE ASSISTANT MEDICAL EXAMINER CARE  EXAMINER'S  ASSOCIATE MEDICAL EXAMINER	
The Barrier and the same	NAME (Type) Ronald N. Kornblum, M.D.	0
	24A BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or cou	inty) (Stote)
	BuriAl 1-2-70 Louden Park BAIto	MI
	25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTERS 25C FUNERAL DIRECTOR	/ ld .
When the desired	and Och & Jaken Mil.	7 M
	VS 151-REV. 1/188	13A/20,1 K

Track such a second of  $||\cdot|_{L^{\infty}}$  ,  $|\cdot|_{L^{\infty}}$  ,  $|\cdot|_{L^{\infty}}$  ,  $|\cdot|_{L^{\infty}}$  ,  $|\cdot|_{L^{\infty}}$  ,  $|\cdot|_{L^{\infty}}$  ,  $|\cdot|_{L^{\infty}}$ 

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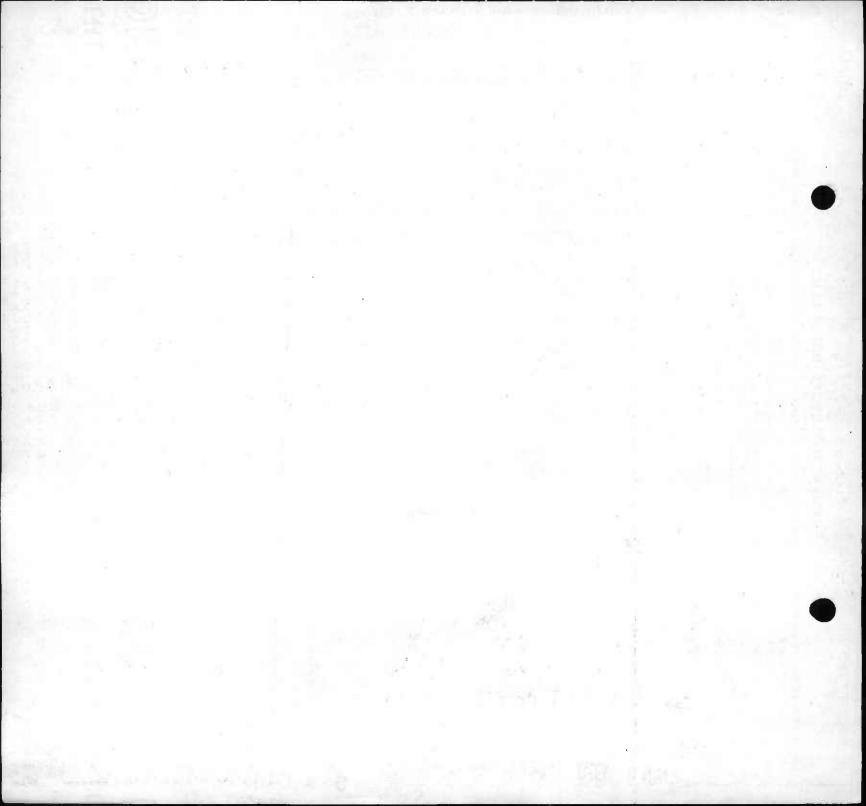
JAN 2

VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

X REG. NO

BIRTH NO.	00 100	CERTIFICA	IE OF D		110115 05 05		1000	0
1. NAME OF DECEASED	S, Pauline		2. DATE AND	c. 22,		10:05	5 P.	
3. PLACE IN BALTIMORE, A			4. USUAL RESI				sidence before or	
FULL NAME OF (IF NO HOSPITAL OR ADD	OT IN HOSPITAL OR I	NSTITUTION, GIVE STREET	Mary	_		INSIDE CITY LIN	MITS?	00
The Johns H	opkins Ho	spital	E. STREET AND	ville		YES _	NO 🗌	
		L	MEA	DOWUI	EW	CIRC	43	
S. SEX 6. RACE Whi	ta	RIED NEVER MARRIED DIVORCED	8. DATE OF BIR 4/3/20	TH 9.	AGE (In years t birthdoy) 4	16 11	1 Yr. If Under Doys Hours	Min.
	ive kind of work 10B. KIN	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or lareign	country)	12. CITIZ	EN OF WHAT C	OUNTRY
done during most of working life,		140ME	as	harris	/	ì	USA	1
13. FATHER'S NAME	1 0	1.07.72	14. MOTHER'S	MAIDEN NAME	2		0 0	
Value V	1 /56	chevell	1	n	Lane	Cal	70	
15. Wos Decedsed Ever in U. (Yes, no or unknown) (If yes, gi	S. Armed Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	0/	There		ADDRESS	C
UNO			James.	a) Sun	indo	-Cla	Samelle	2 Mo
18.174 X	1	CAUSE OF DEAT	H/		,	8	APPROXIMATE IN	
	NDITION DIRECTLY	Pu	monary	Emboli	sin		110 mins	ites
(This does not mean	the made at dying,	e.g., QIMMEDIATE CAL	A CONSEQUENCE					
hearl failure, asthenia, injury ar complication		ease,	r Pulms	male	,		12 year	10
ANTECED	ENT CAUSES	(B) Car	cinoma	of BV	coest		13 yea	20
DISEASES OR CONE		i ving	A CONSEQUENC	E OF:				
UNDERLYING CONDI		(c)						
O OTHER SIGNIFICANT CO	RELATED TO THE TERM							
		FOR WHICH OPERATION Ca of Breast	20A. AUTOP	SY? (Yes or No)	20B. IF YES, W IN CERTIFYING	CAUSES OF D	CONSIDERED DEATH?	
OR CONTRIBUTING DEATH (notify medical e	AUSE OF	21B. PLACE OF INJURY (e.g., home, form, foctory, street, o			(If In Bo	timore City, give	exoct locotion)	
21D. TIME (Month) OF INJURY (APPROX.)	(Doy) (Yeor) (Hour)	21E. INJURY OCCURRED  While At Not While Work At Work	le [	OW DID INJUR	Y OCCUR?			
22. I certify that (I) (	this hospital) atten	ded the deceosed fram		19	ta		19	****
		on					h occurred an	the dat
and haur ond fram the couses stated abave. (1) (We) (did) (did not) view the bady after death.								
23A. SIGNATURE	Me -	nn n	- dia	1-1 - 5	"		E SIGNED	
Maline	of vierse	DEGREE Phy	s. L D	Ned. Sh Director Ph	off ys	12	55 69	
PAME (Type)	wid J. Pier	son MD	John 6	Hopkin	s Ho	spital,	Baltim	one
24A. BURIAL CREMATION.	24B. DATE 2	4C NAME OF CEMETERY OF CR	EMATORY	24D. LOC	ATION	(City, Iown, o	r county)	(Stote)
Burial.	12/26/69 H DEPT. 2 258. NA	Human Cen	LECT FUNDER	AL DIRECTOR	urlan	sull	ADDRESS	ol
JAN 2 TS	170 Robert E	Jaber M.D.	Do	wille	in the	energo	He	au



	- D 0 C	Стур	CTEVEN	TAI	BLONSK	D.	EC. o
	of of Dec ath.	3. F	LACE IN BALTIMORE, MARYLAND, WHER	E PRONOUNCE		4. USUAL RESIDENCE (VA. STATE 8. CC	
	hos use ; (5) dan de	HO	L NAME OF (IF NOT IN HOSPITAL OF ADDRESS OR LOCATION		N, GIVE STREET	MARYL.	
	use use ten	1	1 BALTIMORE	· Cir	HOSPITAL	BALTIM	ORE
	ing cat att	-				810 S	KENO
	occurred intribution regular ased priss made.	5. S	EX   6- RACE   7. A	MARRIED N	VEVER MARRIED	B. DATE OF BIRTH	9. AGE
)	occur ontrib ermin regule eased is ma	1		/ID OWED 🖳	DIVORCED .	JUNE 3 192	6 1
	h co		USUAL OCCUPATION (Give kind of work 10B, a during most of working life, even if retired)	KIND OF BUS	INESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign cour
		6	BOILER MAKER 1	ENNE	BURC	MARYLAI  4. MOTHER'S MAIDEN	
	if dea ect or 4) Und was the d the d						
	E h. a 97	15,1	MICHAEL JABLONS Nos Deceosed Ever in U. S. Armed Forces?	5 K ,	SOCIAL	MARYAN N	m
	isterin the cin cin decin na	(Yes	,no or unknown) (If yes, give wor or dotes of	service)	SECURITY NO.		
	if think he dan dan or fi		N 6		CAUSE OF DEATH		
	o do d		DISEASE OF CONDITION DIRECT	TLY		Corners	throw
	Ta o o E		(This does not meen the mode of dyi		(A) IMMEDIATE CAUS	CONSEQUENCE OF	Truret
	er. ctu pro lar		heort foilure, osthenio, etc. Il meons the injury or complication which caused dea			$\cdot$ , $V_{i}$	P
	mine mine fraction		ANTECEDENT CAUSES		(B) Profe	prockrotic	KU
	X (X )		DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) slo		DOE TO, OR AS	CONSEQUENCE OF:	
			UNDERLYING CONDITION loss.		(c)		
1	medica medica / burns, physici an was	Z O	OTHER SIGNIFICANT CONDITIONS CONTRI				
	f me mec y bu phy ian e re	ATI	TO THE DEATH BUT NOT RELATED TO THE TE DISEASE OR CONDITION GIVEN IN PART 1	(A).		[20.4 A LIFORCYS   V	- N-1 20B
	chie y a Bod the the nysic	ERTIFIC	WAS PERFORM			20 A. AUTOPSY? IYes of	IN C
	the al bit (2); (2)	CALC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inotily medical examined	218. PLA home, fo etc.)	CE OF INJURY (e.g., in orm, foctory, street, offi	ce bldg., INJURY OCCUR	2
	d by ture; ture; twh t wh 6) N	EDI	27 D. TIME (Month) IDay) (Year) IH		URY OCCURRED	21F. HOW DID	INJURY O
	ho ho nat	8	(APPROX.)	While A Work	Not While		
	the iny exc an		22. I certify that (I) (this haspital) at	ttended the d	eceased fram/	10/20	19 69
	of a		that (I) (we) last saw the deceased a		diel no	T	d that in (r
	ed ed ed oit sat		and hoor and from the causes stated	above. (I) (W	e) (did (did not) vi	ew the bady after dea	th.
	4 0 T 0 D E		Dum B. Ki	asku	Atten Phys.	ding Med.	Staff Phys.
	s re s ac		23 C. PHYSICIAN'S NAME (Type)			3D. ADDRESS	0
	This certificate muthe body was relesthows: (1) An accidwas D.O.A. at a hudeceased prior to written approval r	211	+RUIN B. KK	APLAN	DEGREE	114 5/	noac
	d d d	24A	REMOVAL ISpecify)	24C, NAME	O CEMETERY OF CREE	MATORY 24E	O. LOCATIO
	This certify the body shows: (1) was D.O waritten a	25A	DEC. 30 190. DATE REC'D BY HEALTH DEPT. 258	B. NAME QE, RE	JTANISKAU.	S (EM).	JALTI TOR
	the sho wa		JAN 2 1970 Paste	E Jack	ALD D	PAYMONS.	12KA
		VS	150-PEV 1/1/48				

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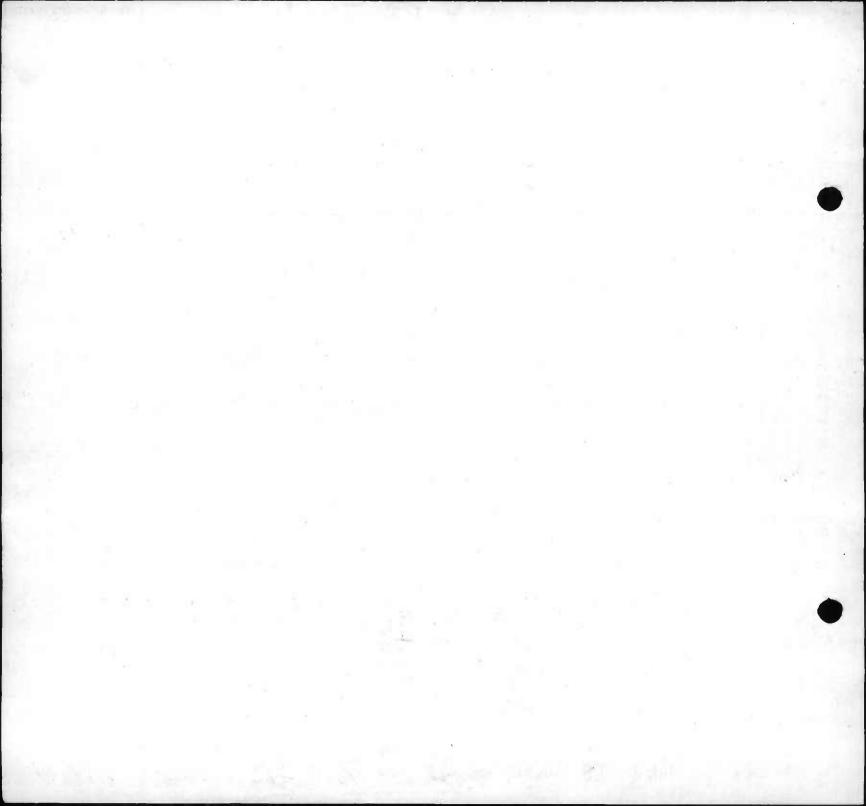
BIRTH NO.

1. NAME OF DECEASED

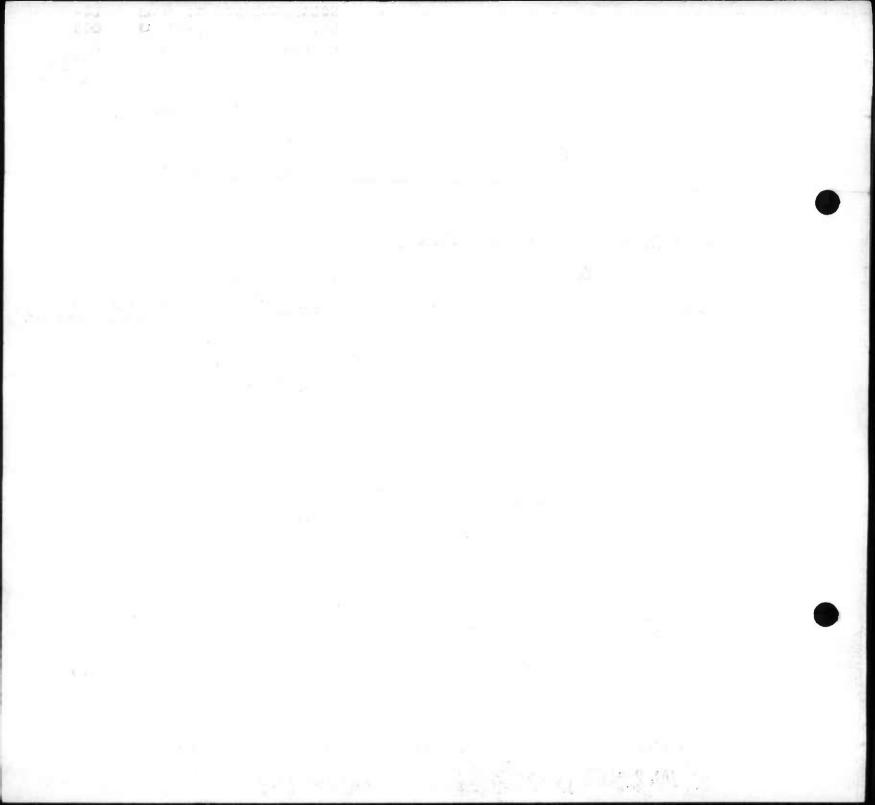
BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

69 13066 REG. NO. 2. DATE AND HOUR OF DEATH EC. 26, 1969 M.
Where deceosed lived. If institution: residence before admission)
OUNTY D. INSIDE CITY LIMIT KENWOOD 9. AGE (In years lost birthday) If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY? MALENKO ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) INJURY OCCUR? d that in(my) (aur) opinion death accurred an the date 238. DATE SIGNED



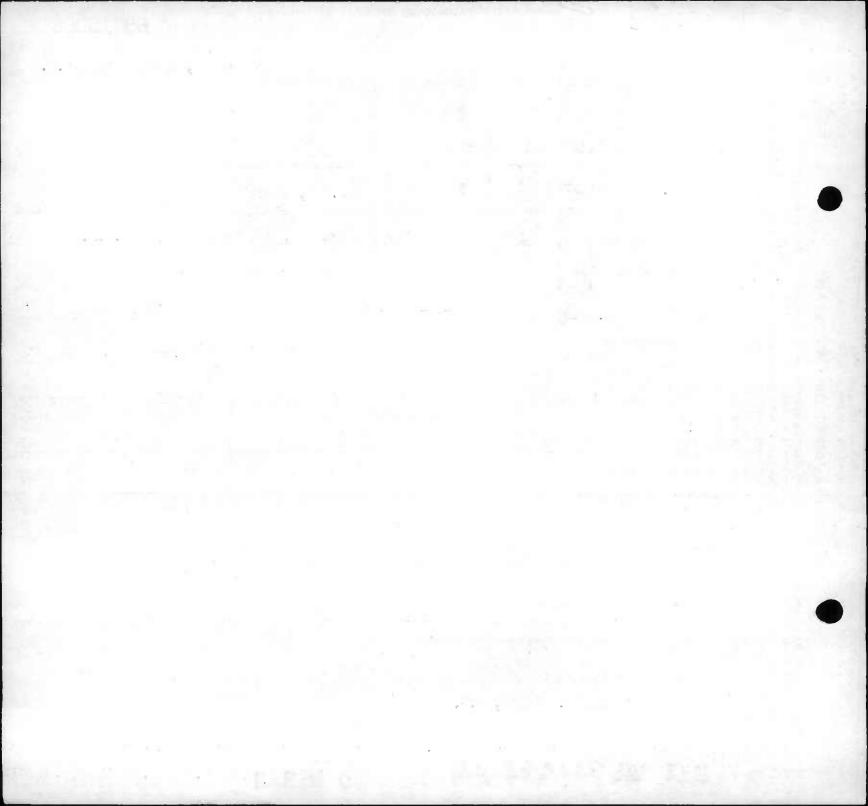
N-450 1	11	BALTIMORE CITY HEALTH BEPARTMENT LEAVER G. 600 125000
2002	BI	RTH NO. 69 13067 CERTIFICATE OF DEATH REG. NO. 97-369 13067
l and deatl ease n the Suci	1.	NAME OF DECEASED  (2. DATE AND HOUR OF DEATH  (2. DATE AND HOUR OF DEATH
= 0 c d		Fleanor G. NOIAN Dec. 31 1969 1 75120
W 00	3.	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission 8. STATE 8. COUNTY
	H	OSPITAL OR ADDRESS OR LOCATION)  OSPITAL OR ADDRESS OR LOCATION)
n a cau	6	D. INSIDE CITY LIMITS?
	16	(mi) Hospital [E. STREET AND NUMBER.
F 2 0 0 D	5.	SEX 16. RACE 12. MARRIED TANKS
		6. RACE 7. MARRIED NEVER MARRIED 8. DATE/OF BIRTH 9. AGE (In yeors lost birthdoy) WIDOWED DIVORCED 6/20/09 lost birthdoy) Months: Doys Hours Min.
	10/	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or loreign country)  12. CITIZEN OF WHAT COUNTRY
ar ar da da	IL,	SECRETARY INSURINCE BUSINESS Md. 115A
rect (4) U was the the	13.	FATHER'S NAME
INT direct direct dy (4) ath w an the	15	Frederick O. Caitha Hortenese Mckee
MPORTANT  r his assistant lsa, if the dir of any kind; ( unced death ttendance an	(Ye	Wes Deceased Ever in U. S. Armed Forces?  s, no or unknown! (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.  17. INFORMANT  MRS. HOCTENISC SCOTT (SISTER)  18. CAUSE OF DEATH
ass if t if t if t if t or fii	-	18. CAUSE OF DEATH  CAUSE OF DEATH  CAUSE OF DEATH
MPO his as Isa, if of any unced artenda		DISEASE OR CONDITION DIRECTLY
or his Alsa, re of c naunc atten		(This does not meon the mode of dying, e.g.,  [This does not meon the mode of dying, e.g.,  [DUE TO DE AS A CONSEQUENCE OF
miner or fracture fracture or prona		heart foilure, osthenio, etc. it means the disease, injury or complication which caused death.)  DUE TO, OR AS A CONSEQUENCE OF:  DUE TO, OR AS A CONSEQUENCE OF:
ECTOR:  xaminer.  xaminer.  y A fractu who pre regular regular		ANTECEDENT CAUSES
m 22 2 2 2		DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the
DIRE cale at expension at the state of the s		UNDERLYING CONDITION lost. (C)
	N	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
RAL medical physical were	1 % 1	DISEASE OR CONDITION GIVEN IN PART 1 (A)
FUNER by a m 2) Bady a m or the p	ERTIFIC	194-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 204. AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDINGS CONSIDERED
he check (2) By phy fore	0	21A. ACCIDENT WAS UNDERLYING  21B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?  (II In Boltimore City, give exact location)
A A A I	6	DEATH (notify medical examiner) heme, farm, foctory, street, office bldg., INJURY OCCUR?
	اقا	21D. TIME (Month) (Doy) (Yeer) (Heud) 21E. INJURY OCCURED 21F. HOW DID INJURY OCCUR?
		(APPROX.) While At Work At Work
o the any (ex.		22. I certify that (I) (this hospital) attended the deceased from 1969 to 1969 to 1969 to 1969 that (I) (we) ast saw the deceased alive on 1969 and the infant infa
d to		and how and from the causes stored abaye. (1) (We) (did) (did nat) view the bady ofter death.
nust be a leased to ident of hospital o death)		23A SIGNATURE 23B. DAJE SIGNED
70.22. "		Attending Med. Stoff Director Blue 3/1969
icate muss rele An acci L at a h prior to		23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS
A. A. d p	24A	BURIAL CREMATION, 24B, DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
certificate body was vs. (1) An a vs. (2) An at cased prior	0	REMOVAL (Specify) 240. LOCATION (City, town, or county) (Stote) REMATION DEC31,1969 FORT LINCOLD CROMATORY BLACKWS BYRG Md.
	25A.	DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR 25C, FUNERAL DIRECTOR
	VS 1	JAN 2 1970 Robert & Jacker M.D. LAWHOM FURERAL Home LANHom Md.



## IMPORTANT FUNERAL DIRECTOR:

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased VS 150-REV. 1/1/6B

0 110	h			HEALTH DEPARTMENT		00 40000
5 - 43 BIRTH NO.	00	13068	CERTIFICA	TE OF DEATH	REG. NO	
1. NAME OF DECE (Type or Print)	Sister M	argaret	Shields		mber 31, 19	_
3. PLACE IN BALT	IMORE MARYLAND, W	HERE PRONO	JNCED DEAD		re deceased lived. If i	nstitution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU ATION)	UTION, GIVE STREET	Maryland Ci	_ty	SIDE CITY LIMITS?
94	Villa Sai	nt Mich	ael	City of Balti E. STREET AND NUMBER 4000 Forest H		21207
S. SEX	6. RACE White	7- MARRIED [ WIDOWED [	NEVER MARRIED A	B. DATE OF BIRTH Feb. 24, 1892	9. AGE (In years lost birthday) 77 years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	rorking life, even if retired)		BUSINESS OR INDUSTRY	Syracuse, New		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM	NE .			14. MOTHER'S MAIDEN NAM		
Daniel	Shields			Mary McMaho	on	
15, Was Deceased	Ever in U. S. Armed For (If yes, give wor or dote	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	tit yes, give wor or dole	s of services	263-98-0498-	Jl Sister And	rea	Same address
1B. / C/ /	VI		CAUSE OF DEAT	1		APPROXIMATE INTERVAL
DISEASI	E OR CONDITION DI	RECTLY				BETWEEN ONSET AND DEATH
	LEADING TO DEATH		(A) IMMEDIATE CAL	Cardiovascu	llar collaps	se 2 days
heart lailure,	of meon the mode all asthenia, etc. II means plication which coused	the disease,	DUE TO, OR AS	A CONSEQUENCE OF:		
	NTECEDENT CAUSES			Carcinoma d	of the brain	n 5 years
DISEASES O	R CONDITIONS, II	onv. giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the	above couse (A) CONDITION lost.		(c)			
	П					
O OTHER SIGNIFI	CANT CONDITIONS CO					
▼ DISEASE OR CO	I BUT NOT RELATED TO TONDITION GIVEN IN PAR	IT 1 (A).				
LL C	operation 198. Con was PER		WHICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED
<b>▼</b> DEATH (notify	TING CAUSE OF	] 21 B. hom etc.		n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?	(If in Boltimo	re City, give exact location)
	(Month) (Doy) (Year)	(Hour) 21E.	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY		Whi	ile At Not Whi	e 🗍		
		VV 0	rk	0-1-1 70/7	De De	ecember, 1969 <sub>19</sub>
that (I) (we)	thot (1) (this hospitol last saw the deceose	ed alive on	December 30,	19 69 and th	17	inion deoth occurred on the dote
		ted above. (I	) (We) (did) (did not)	view the body ofter deoth.		
23A. SIGNATUI	RE	11	10 /	ending Med.	5huff	23B, DATE SIGNED
23C. PHYSICIAN	uncar	114	A GREE Phy	s. Director	Staff Phys.	12/31/69
NAME (Ty		lagia.	M.D.			
24A. BURIAL CREA	AATION, 248. DATE		DEGREE	EMATORY 24D. L	OCATION (C	ity, town, or county) (Stote)
REMOVAL (S	pecify)				6400 Wabas	sh Avenue 21215
Burial 25A. DATE REC'D	BY HEALTH DEPT.	258 NAME C	IIa St. Mich	ael on grounds 25C. FUNERAL DIRECTOR		ADDRESS
JAN 2	(Kolsen E	Carried States	PAR CO	STEWART & MO	TEN CO.108	W.North Ave.21201



## FUNERAL DIRECTOR: IMPORTANT

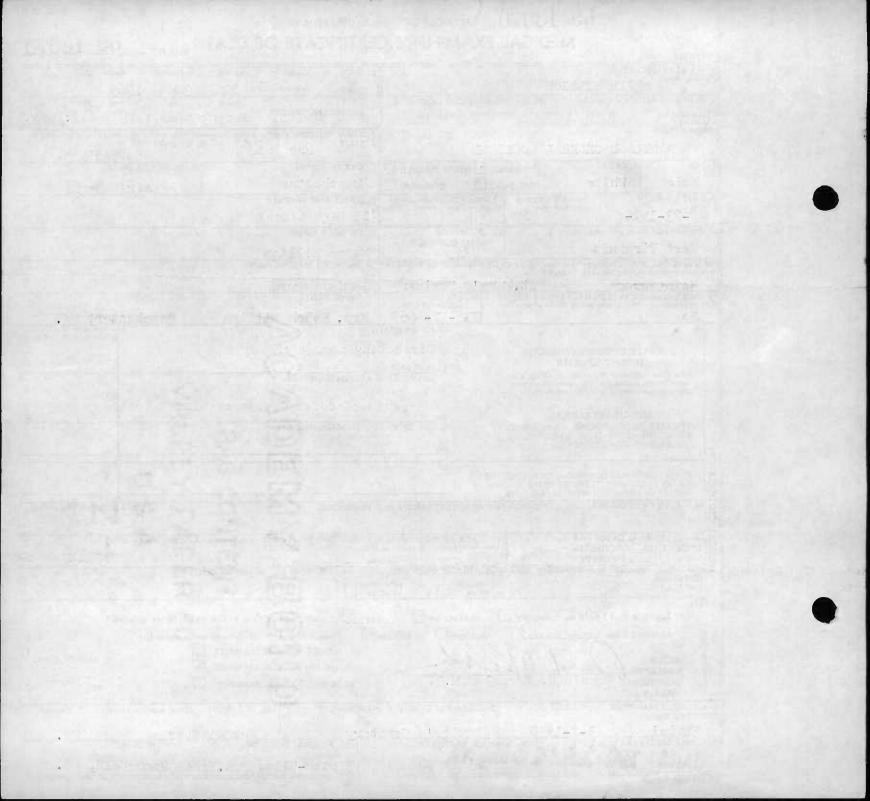
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	J-250 69 13069	BALTIMORE CITY	HEALTH DEPARTMENT		00 42000	
		CERTIFICA	TE OF DEATH	REG. NO	69 13069	
-   -	NAME OF DECEASED			D HOUR OF DEATH		
	Type or Print)  Katherine Jackso	n		2-30-69	7.75	
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNC	ED DEAD	4. USUAL RESIDENCE (Where	e deceased lived. If inst	7:35 p. M.	
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION	N CIVE STREET	19 °	11	1501	
-11	HOSPITAL OR ADDRESS OR LOCATION)	N, GIVE SIREE!	C. CITY OR TOWN	D. INSID	E CITY LIMITS?	
∦	NSHITUTION Provident Hospital, In	C •	Baltimore		YES NO	
	3 9 1514 Division Street	03.03.5	E. STREET AND NUMBER		-	
		21217	1374 Fremo	nt Avenue		
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	DIVORCED	SEPT 1, 1960	ast birthdoy)	If Under 1 %. If Under 24 Hrs. Months Doys Hours Min.	
	OA, USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUS	INESS OR INDUSTRY	11. BIRTHPLA CE (Stote or foreig	an country)	12. CITIZEN OF WHAT COUNTRY?	
	Unemployed	4	***		U. S. A.	
Ili	3. FATHER'S NAME		Virginia 14. MOTHER'S MAIDEN NAM	A.E.	U • D • A •	
	FRANK BALL		Elina	2111		
1		SOCIAL	17. INFORMANT	DAI	ADDRESS	
		SECURITY NO.		17-		
-	18, 0 / 0 5/1	CAUSE OF DEATH	WITCH M	AT THEWS		
1	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	LEADING TO DEATH		Sauce Mal	+· · · · ·		
	(This does not mean the mode of dying, e.g.,	DUE TO, OR AS A	SE Severe Mali	nuchi Lion	414	
$\ $	heart lailure, asthenia, etc. It means the disease, injury or camplication which caused death.)	• 1000		Dehydratio	ראר	
	ANTECEDENT CAUSES					
	DISEASES OR CONDITIONS, it any, giving  DUE TO, OR AS A CONSEQUENCE OF:					
	rise to the obave cause (A) slating the UNDERLYING CONDITION last.					
		(c)		***************************************		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL	***************************************				
Ш	104 DATE OF OBSERVION LINE COMPLETON SON WILL	H OPERATION	20A. AUTOPSY? (Yes or No.	208. IF YES, WERE FIR	NDINGS CONSIDERED	
			No	IN CERTIFYING CAUS	SES OF DEATH?	
	OR CONTRIBUTING CAUSE OF home, for elc.)	CE OF INJURY (e.g., in m, foctory, street, off	or obout 21 C. WHERE DID ce bldg., INJURY OCCUR?	(II In Boltimore	City, give exact focotion)	
	-	JRY OCCURRED	21F. HOW DID INJU	RY OCCUR?		
1	(APPROX.) While At	Not While				
	22. I certify that (I) (this hospital) attended the de	THE FEET	12-30-69 19	10	70 60 **	
	that (I) (we) last saw the deceased olive on 1				= 30=69 19 19	
				r in (my) (our) obini	on death occurred on the dote	
and hour and from the causes stated above. (1) (We) (dld) (did not) view the body after death.						
	CP20_	Charles	3B. DATE SIGNED			
	23 G. PHYSICIAN'S	- PERMEN		hys.	12-31-69	
	23C-PHYSICIAN'S NAME (Type)	1	BD. ADDRESS Provid	lent Hospita	al, Inc.	
2	IA BURIAL CREMATION, 124B, DATE, 124C, NAME	1Z, M.D. DEGREE	LJ14 Division S	treet - Bal	ltimore, Maryland	
'	MEMOYAL (Specify)	OL CEMETERY OF CREA	MATORY 24D, LO	CATION (City,	town, or county) (Stote)	
		ALBURN CE	METERN WES	Florest x	Bata md	
2	A. DATE REC'D BY HEALTH DEPT. 258, NAME OF RE	GISTRAR D	25C. FUNERAL DIRECTOR	- 01	ADDRESS	
	TOTAL STATE OF THE	7. 1.3	DENAIA 6	GLOVER,	70/NYPATTASONA	
V	\$ 150-REV. 1/1/68					

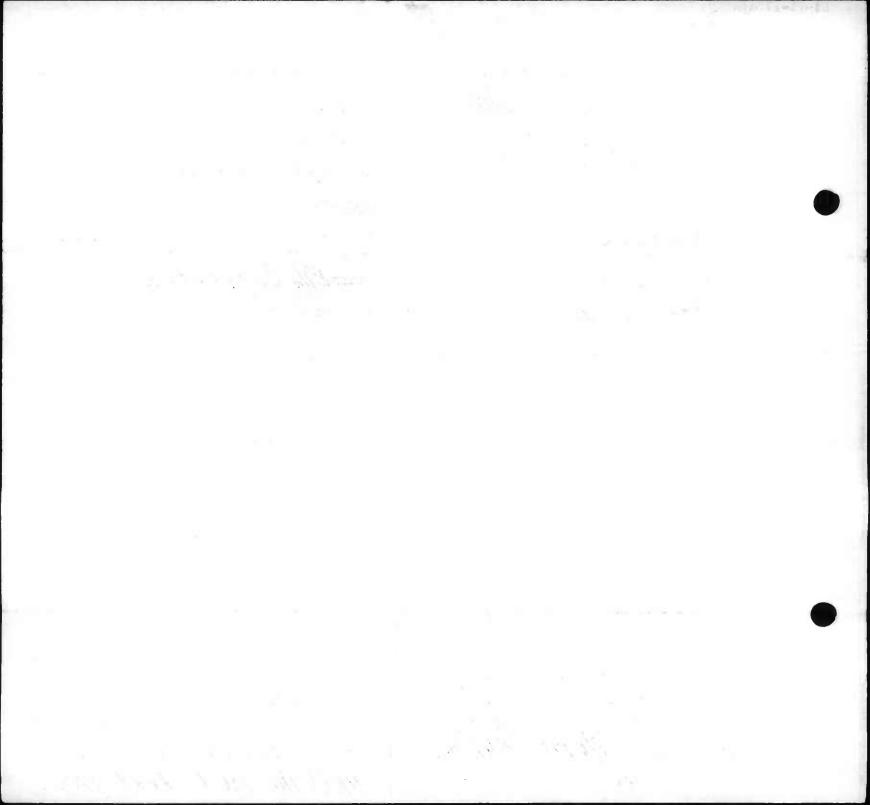
M450 69 13070 BALTIMORE CITY HEALTH DEPARTMENT

1	MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH
	MEDICAL	LVVIIII ITI	CLKIIICAIL		DEATH

BIRTH NO.	MEL	PICAL EX	AMINER'S	LERTIFIC	CATE OF	DEAT	H REG. NO	63	13070	
I. NAME OF DECE	2. DATE	Known 12	Month	Day	Year	Hour	=			
(Type or Print) RA	LPH MILLION			OF DEATH	Estimated 🗌	12	30	1969		4
	MORE, MARYLAND, V	VHERE PRONOL	JNCED DEAD	3. DATE		Month	Doy	Yeor	Hour	И.
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	AL OR INSTITUTIO	N, GIVE STREET		SIDENCE (Where		er 30,		11:20 A	И.
4 1	AND GENERAL	HOSPITAI		A. STATE	Maryland		B. COUNTY	Carrol	- 5/1	9
	7. RACE	B. MARRIED	NEVER MARRIED	C. CITY OR	IOWN		D. INSIDE			
Male	White	WIDOWED [	DIVORCED	Manch	ester		,	ES E	NO 🗆	
9. DATE OF BIRTH	lo. AGE (in	9 44 45	er I Yr. Il Under 24 Hrs. Doys , Hours , Min.	20.00	ND NUMBER					
9-23-191	.0	59		.1	sh Street					
	te or foreign country)		IZEN OF	13. FATHER'S	NAME			- Arms		
West Vir			JSA	Wayne	Million					
done during most of wo	ATION (Give kind of work rking life, even if relired)	148. KIND OF BU	ISINESS OR INDUSTRY	15. MOTHER	'S MAIDEN NA	ME				
Maintena		St.Mary	s Seminary		Harman					1
(Yes, no or unknown) (i	EVER IN U.S. ARMED yes, give wor or dotes	oi service)	7. SOCIAL SECURITY NO.	IB. INFORM	ANI		-	DDRESS		
No		2	? <u>18-12-8669</u>		Ralph Mil	lion	Man	chester		
4.41	OI.		CAUSE OF DEA						ROXIMATE INTERVAL EEN ONSET AND DEAT	
	OR CONDITION DIRE	CTLY	Dissect	ing aor	tic aneur	rysm				
	ADING TO DEATH	ing a g	(A)IMMEDIATE C							
hearl tollure, o	sthenio, etc. It meons the licotion which coused dec	diseose,	DUE TO, OR A	S A CONSEQU	JENCE OF:					
miory or comp	medial willeli coused de c	, ino j	Artor	insclar	otic Card	iovasci	ılar Di	SAASA		
	ECEDENT CAUSES					2014566	TAL DI	0000		
RISE TO THE	DR CONDITIONS, IF ANY, GIVING ABOVE CAUSE (A) STATING THE			AS A CONSEQ	UENCE OF:					
Z	CONDITION LAST.		(c)							
OTHER SIGNIE	II									-
TO THE DEAT	ICANT CONDITIONS CO	THE TERMINAL								
	ONDITION GIVEN IN PA		UICH OPERATION WA	C DEDECORAL	· D			Ja: 4:		
0 2	201	IDINOITI OK W	NICH OFERATION WA	S PERFORME				21. AUTOPSY? (Yes or No)		
ZZA. EXTERNA	AL CAUSE WAS	22B, PL	ACE OF INJURY(e.g.,	In or about 22	C WHERE DID /	If In Paletona	Clh		yes	_
S UNDERLYING	OR CONTRIB-	home, i	orm, loctory, street, office	bldg., etc.) IN	JURY OCCUR?	ir in Bommore	City, give ex	oct location)		
	onih) (Doy) (Yeor	) (Hour) 22E	INJURY OCCURRED	22	F. HOW DID INJ	HIPY OCCII	D2			_
OF INJURY (APPROX.)		WHI	LEAT NOT	WHILE		OKI OCCO	N.I			
23.		m. WO	RK L AT W	ORK L						-
I certify	y that I held an I	equiry 🔲 1	nspection Aut	opsy X	and that on th	Is basis, a	leath in my	opinion		
resulted	d from: Natural caus	ses Acc	Ident Suicid				ed manner	_		
	01	1/	, /		HIEF MEDICAL E					
ACTUAL SIGNATUR	El hold	11 1Cm	110	ASSIS	ANT MEDICAL E	XAMINER	x		DATE SIGNED	
EXAMINER		Kornblu	m,M.D.	ASSOC	TATE MEDICAL E	XAMINER		12/	31/69	
NAME (Typ									TELLINE	
24A. BURIAL CREMA REMOVAL (Specify)	TION, 24B. DATE	24C.	NAME of CEMETERY	or CREMATOR	24D. L	OCATION	(City, tow	n, or county)	(Stote)	
Burial	1-2-19	70 E	ixler's Ceme	eterv	V	Vestmir	ster		Md.	
25A. DATE REC'D BY	HEALTH DEPT.	25% NAME O	REGISTRAR		NERAL DIRECTO	R		DDRESS	1.00	-
JANS	the section and	- Marker	THE	Tipt	on-Eline	Fun Ho	me Ha	mpstead	. Md.	
VC 161 DEV 7/2//0				1 1				1,23000	,	_



55-	-96-17 djs	BALTIMORE CITY HEALTH DEPARTMENT
		D-520 69 13071 CERTIFICATE OF DEATH REG. NO. 69 13071
	of death of death Deceased ce on the ath. Such	INAME OF DECEASED 2. DATE AND HOUR OF DEATH
	- 0 0 E N	CType or Print JOSEPH DENNIS DECEMBER 31, 1969   8:15 PN
	hospital use of d (5) Dece ance on death.	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 14. USUAL RESIDENCE (Where deceased lived, if institution residence before admission)
		A. STATE 8. COUNTY
	hos use ; (5) danc de	HOSPITAL OR ADDRESS OR LOCATIONI
	S S S S S S S S S S S S S S S S S S S	C.CITY OR TOWN  BALTIMORE CITY HOSPITALS  C.CITY OR TOWN  Baltimore  C.CITY OR TOWN  P. INSIDE CITY LIMITS?  YES A NO
	ng cau	4940 Eastern Avenue
	교문으로 보고 (	Baltimore, Maryland 21224 3006 Guilford Avenue 21218
	bu d	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years   il linder 1 Yr   il linder 24 His
	contribution to the contribution of the contri	Male White WIDOWED DIVORCED X 6-28-18   Ost birthdoy   Months Doys Hours Min.
	0 0 - 4 1	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11). BIRTHPLACE (State or (greing country)
	or co Indet s in dece	done dyking most of working life, even if refired)  ABDORER  Maryland  U.S.A.
	was was he posit	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	if d (4) U was the spos	
Z	무 등 수 등 등	Arthur Dennis   Heler Ella CAR PENTER   15. Was Decessed Ever in U. S. Armed Forces?   16. SOCIAL   17. INFORMANT   1940 Force to the property Assembly Asse
4	0 20 -	Yes, no of unknown  (If yes, give wor or dotes of service)   SECURITY NO. 4940 Eastern Avenue
7	9 十一 直进	922 WWZ 220-07-3419 BCH: Records Baltimore, Maryland 21224
IMPORTANT	Also, if re of any nounced attenda	18. 5 7 3 9 1 CAUSE OF DEATH APPROXIMATE INTERVAL
\$	his of a or a or a	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
	er. Also, if er. Also, if cture of any pronounced lar attenda ibalmed or	ANIMARDIATE CALISE PLEATING FRILLIAMS DE DINEYS
ö	actu pro ular mba	IThis does not mean the made of dying, e.g., head failure, asthenia, etc. It means the disease, injury or complication which caused death.)
ō	- c o a E	ANDROPEN
CTOR:	Xam Cami A fr Who reg	DISEASES OR CONDITIONS, if any, giving  (B)  DUE TO, OR AS A CONSEQUENCE OF:
DIRE	(3) (3) in v	rise to the obave cause (A) stoling the
5	5 5 E	UNDERLYING CONDITION lost, (c). LIVER FAILURE 3WK
	D = = =	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
FUNERAL	ber by hy	TO THE DEATH BUT NOT RELATED TO THE TERMINAL
m ·	ef m dy b dy b e ph ician	DISEASE OR CONDITION GIVEN IN PART 1 (A).  1994. DATE OF OPERATION 1998. CONDITION FOR WHICH OPERATION 1994. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
Z	chief Body the l ysicie	WAS PERFORMED CAUSES OF DEATH? WES IN CERTIFYING CAUSES OF DEATH? WES
F	the call by ere o ph efor	OP ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (II in Bullimore City, give exact location)
	/ セッセンロー	DEATH (notify medical examine)
	9 6 7 5 0	DEATH (notify medical examines)  21D.TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURED  OF INJURY  While AL
	e hos rnatuccept nd (6	(APPROX.)  While AI Not While At Work
		22. I certify that (Nothis hospital) attended the deceased from DECEMBER 13- 19 69 to DECEMBER 31 19 65
		that (O(we) last saw the deceased alive an DECENIBER 31 19 69 and that in (my) (our) apinion death accurred on the date
	sed to sed to ant of spital eath)	and haur and fram the causes stated abave. (1) (We) (did not) view the bady after death.
	sed spit spit eat	23A. SIGNATURE 23B. DATE SIGNED
	must be cleased to ccident of a hospita to death all must be	Michael M. M. M. Attending Med. Stoff Dr. Decension 150
	E 0 0 0 + 0	OEGREE TITS
	was re An ac A. at a prior	MACHAGE M. McCONNELL M.D. BALTIMORE CITY HOSPITALS
		DEGREE 4940 Eastern Avenue Baltimore, Maryland 2122  24A- BURIAL CREMATION, 24B. DATE 24C.NAME of CEMETERY of CREMATORY 24D. LOCATION (Gity, town, or county) (Stoie)
	T. O.	REMOVAL SPECIFY
	Ws Ws	125A, DATE REED BY HEALTH DEPTY 125B, NAME OF REGISTRAR 125C, EVINEPAL DIRECTOR ADDRESS
	This certificate the body was a shows: (1) An a was D.O.A. at deceased prior written approv	
		VS 150-REV. 1/1/68



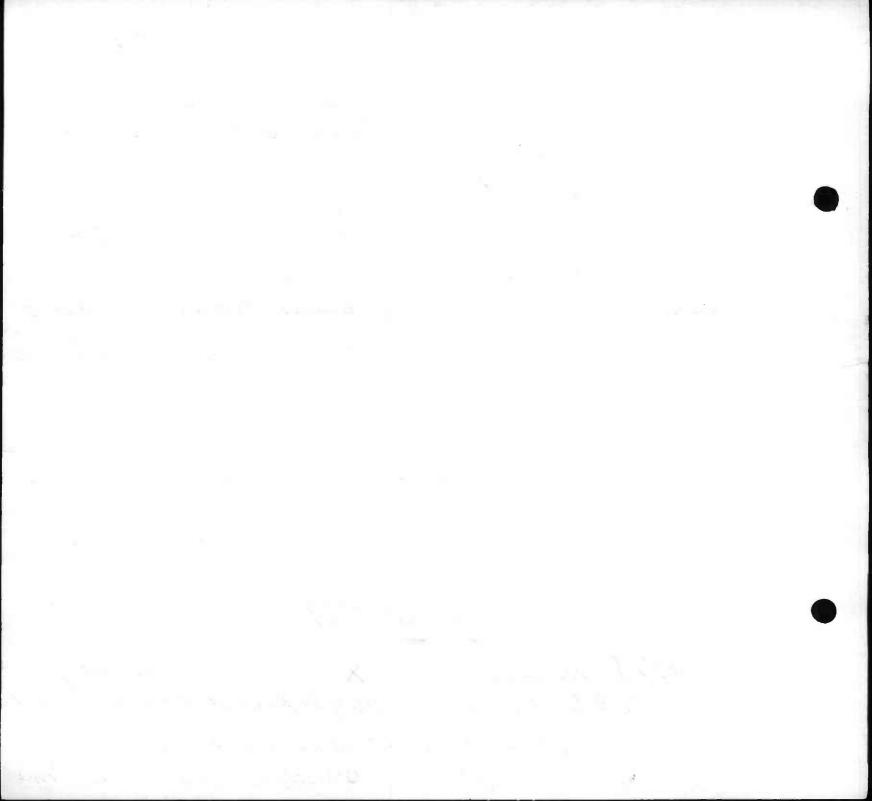
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such

	D-246 69 1307	9 _	TE OF DEATH X REG.	No. 69 13072		
	1. NAME OF DECEASED (Type or Print)  ANNA	E. DEUCHLE	2. DATE AND HOUR OF			
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	DNOUNCED DEAD	4. USUAL RESIDENCE (Where deceased in	ved. If institution: residence before admission)		
	FULL NAME OF HOSPITAL OR IN ADDRESS OR LOCATION!  CHURCH HOME AND HOSP		C. CITY OR TOWN SS EX	D. INSIDE CITY LIMITS? YES NO [2]		
ade.	35		626 ROCKAWAY BEACH AVE.			
is ma	5. SEX 6. RACE 7. MARR WIDOV 10A. USUAL OCCUPATION (Give kind of work 108, KINI		8. DATE OF BIRTH 9. AGE (in y. lost birthday)			
5	HOUSEWIFE	O OL BOSINESS OK INDOSIKI	N. C.	12. CITIZEN OF WHAT COUNTRY		
dispositi	GEORGE DE	EUCHLER.	MC GARE	TTY		
tinal o	15. Was Deceased Ever in U. S. Armed Farces? (Yes, na or unknown) (If yes, give wor ar dates af servi	16. SOCIAL SECURITY NO. 216 58 1875	17. INFORMANT	626 ROCKAWAY BEACH AVE		
0 0	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEATH	LYMPHOSARCOMA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	(This does not mean the mode of dying, heart laiture, asthenia, etc. It means the dise injury ar camplication which caused death.)	P.g., (A) IMMEDIATE CAU DUE 10, OR AS A	SE CONSEQUENCE OF:	2 YEARS,		
9	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, given	(B) DUE TO, OR AS	A CONSEQUENCE OF:	•••••••••••••••••••••••••••••••••••••••		
ains a	rise to the above cause (A) stating UNDERLYING CONDITION last.	(C)		***************************************		
e remain	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN OF THE TERMIN OF THE TERMIN TO THE TERMIN THE TER	At	and expoliative de	1 moditis		
ore the	198. DATE OF OPERATION 198. CONDITION F		IN CERTIFY	WERE FINDINGS CONSIDERED NG CAUSES OF DEATH?		
Detore	OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	21B PLACE OF INJURY (e.g., In home, farm, factory, street, aff etc.)	ice bldg., INJURY OCCUR?	Ballimare City, give exoct location)		
Deulo	(APPROX.)	While At Not While Work At Work		/		
De op	22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive (	n	12 / 19 19 69 ta 3   19 69 ta and that in (my) (a	ur) apinian death accurred an the date		
must	and haur and from the causes stated above			23B, DATE SIGNED		
approvai	23C.PHYSICIAN'S NAME (Typel		dding Med. Steff Phys. A	12/31/69.		
	II KEMOVAL (Specify)	IT M. D. DEGREE	MATORY 24D. LOCATION	(City, lawn, or county) (State)		
/ritten		PARK WOOD  AE OF REGISTRAR	25C, FUNERAL DIRECTOR	, MD.		
5	VS 150-REV. 1/1/68	MAG CO	N.G. GOWNELLY.	SONS 300 MOJCE		

the figure for the state of the light

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

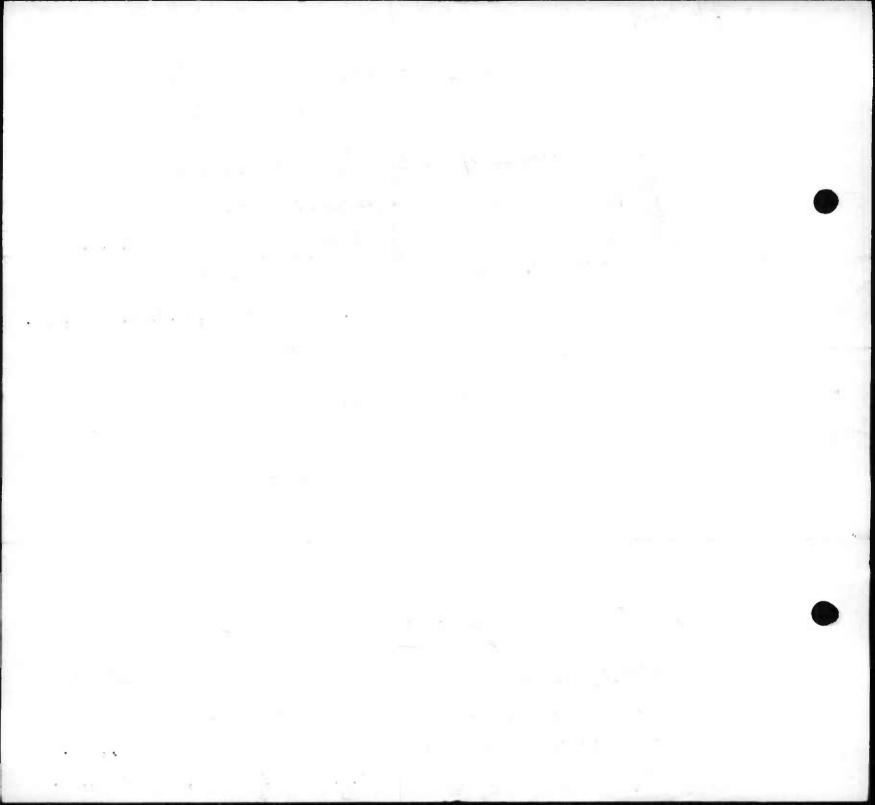
P-450 69 13073 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH X REG. NO	69 13073					
1. NAME OF DECEASED (Type or Print) Mr. William E. Pulliam December 31, 1949	1954 Nm M.					
Talk miss	DE CITY LIMITS?					
Bon Secours Hospital E. STREET AND NUMBER 905 Catherine Aven	YES NO					
Male White WIDOWED DIVORCED 10 15 16 SIRTH 19. AGE (In years lost birthday)  100. USUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State at loreign country)	Il Under 1 Yr. Il Under 24 Hrs. Months Days Hours Min.					
done during most of warking life, even if refired)  Tail Giva T  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME	USA					
15. Was Deceased Ever in U. S. Armed Forces?  [Yes, na ar unknown] (If yes, give war or datas at service)  16. SOCIAL  SECURITY NO.	ADDRESS					
UNK 216-14-3227 ELAINE PULLIAIN  CAUSE OF DEATH	APPROXIMATE INTERVAL					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g.,  (A) IMMEDIATE CAUSE Myseardial infaction	BETWEEN ONSET AND DEATH  The land					
heart failure, estheria, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DUE TO, OR AS A CONSEQUENCE OF:						
DISEASES OR CONDITIONS, il any, giving DUE TO, OR AS A CONSEQUENCE OF:  inse to the above cause (Al stating the UNDERLYING CONDITION last. (C)	***************************************					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 (a).  DEATH SUMMER SIGNIFICANT CONDITION GIVEN IN PART 1 (a).  DEATH SIGNIFICANT CONDITION GIVEN	Zyear					
19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A AUTOPSY? (Yes of No.) 20B. IF TES, WERE FIN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?					
OR CONTRIBUTING CAUSE OF home, forciory, street, office bidg., INJURY OCCUR?	City, give exect location)					
21D. TIME (Manth) (Day) (Year) (Hour) 21E INJURT OCCURRED While At Wark At Wark						
22. I certify that (1) (this hospital) attended the deceased from 12-27-69 19 to 12-31-19-69 that (1) (we) last saw the deceased alive on 12-31-19-69 and that In(my) (our) opinion death occurred on the date						
and haur and from the causes stated abave. (1) (We) (did) (did not) view the body after death.  23A. SIGNATURE  23B. DATE SIGNED						
23C. PHTSTCIAN'S NAME (Type)  S. G. Sullivan  Attending Med. Director Phys.	12:31-69 returning had					
24A, BURIAL CREMATION 12/R DATE GEGREE	, town, or county) (State)					
25A. DATE REC'D BT HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR VS 150 NEV. 171/68	Home MACE					



	2 , 00 ,000	BALTIMORE CITY	HEALTH DEPARTMENT		00 40004
	R-240 69 1307	4 CERTIFICA	TE OF DEATH	REG. NO.	69 13074
	pe or Print) MRS. LENA	ROESEL		12-31-69	1225 P.M.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where		itution, residence before admission)
HC	LL NAME OF (IF NOT IN HOSPITAL OR IN SPITAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	C. CITY OR TOWN		E CITY LIMITS?
1	35		BALTO.	COSEX	YES NO W
-	00 N Broadway Baltim	Ne MD, 2/231.	, ,	RLYN AVE.	
5. 5	C	NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	It Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 10B, KINE e during most of working life, even if relired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
gon	e during most of working the, event it relifed)		MARYLA	and	USA
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ΛE	
	JULIUS WAIR		MARI	E BAGER	
	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (It yes, give war or dates at servi	ce) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
1	INK	220-46-6636	MRS. F. SC	HLUDERBE	AG ABOUT
ICATION	(This daes not meen the made of dying, heart failure, asthenia, etc. It means the dise injury or camplication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, gives to the above couse (A) stating UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART I (A).  19A-DATE OF OPERATION 198. CONDITION F	ving (B) DUE TO, OR AS the (C)	A CONSEQUENCE OF:  BRO ~ VASCULA  A CONSEQUENCE OF:	A A CCIDEA	VT 7 days
CERTIFIC	WAS PERFORMED			IN CERTIFYING CAUS	SES OF DEATH?
AL	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	21B, PLACE OF INJURY (e.g., i home, torm, toctory, street, o etc.)	n or obout 21 C. WHERE DID thice bldg., INJURY OCCUR?	(It in Boltimore	City, give exact location)
MEDIC	21 D. TIME (Month) (Doy) (Year) (Hour) (APPROX.)	21E, INJURY OCCURRED While At Not While Work At Work	21F. HOW DID INJ	URY OCCUR?	
22. I certify that (H) (this hospital) attended the deceased from 12-22 19 69 ta 12-31 19 69 that (H) (we) last sow the deceased alive an 12-31 19 69 and that in (my) (aur) apinian death occurred on the do and hour and from the causes stated above. (H) (We) (did) (did not) view the body after death.  23A. SIGNATURE  Attending Med. Director Staff Phys. 12/31/69					
24/	BURIAL CREMATION, 248. DATE REMOVAL (Specify)  BURIAL  1/3/70	C.NAME OF CEMETERY OF CRI	EMATORY 24D. LO	ALTO, MC	, town, or county) (Stote)
254	JAN 5 13/1 Valent For St. NA	WE OF REGISTRAR	25C. FUNERAL DIRECTOR	VELLY SOI	ADDRESS NS 300 MACE
VS	150-REV. 1/1/68				

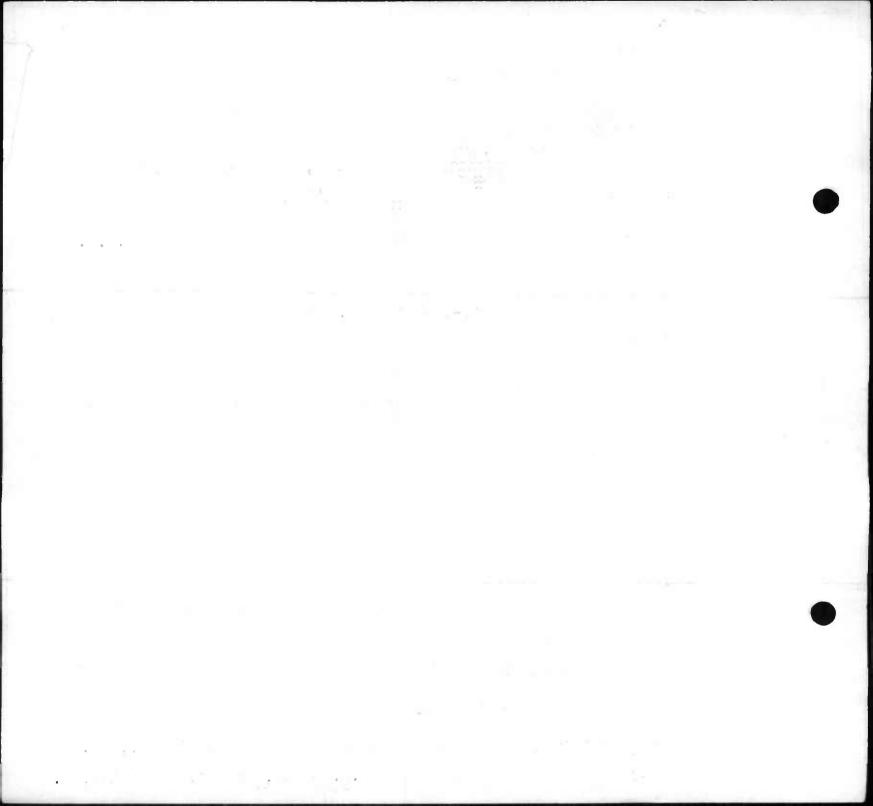
Manufacture 1 to 16th 12 21 21 10. Att and the same 

75705	H-520 69 13075 BALTIMORE CITY HEALTH DEPARTMENT X REG. NO. 69 13075
f death ecease on the	1. NAME OF DECEASED  (Type or Print)  2. DATE AND HOUR OF DEATH
of Obecome	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceosed lived If institution: residence before odmission).  8. COUNTY
hos (5) an de	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET Maryland Carroll C.CITY OR TOWN D. INSIDE CITY LIMITS?
ing cau	2SINAI HOSPITAL ofBALTO. Sykesvelle, Md. YES NO XI E. STREET AND NUMBER ' Main ST. Sykesvelle, Md.
ribu nine nad	S. SEX   6. RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (in years lost birthday)   Months Doys Hours Min.   WIDOWED   DIVORCED   12.7/.29   WOOMED   DIVORCED   12.7/.29
th n	10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNT
# 0 E . D E	Laborer Maryland U.S.A.
dispo	William P. Haines Naomi Esworthy
al al	15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)  SECURITY NO.  17. INFORMANT  ADDRESS
ti ti	No Mrs. Hazel Frizzell, Rt. 2, Mt. Airy, Md
S B O O	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  LEADING TO DEATH  LEADING TO DEATH  LEADING TO DEATH
Also, re of noun atter	ANIMATEDIATE CAUSE
	(This does not meen the mode of dying, e.g., heert failure, asthenia, etc. it meens the disease, injury or camplication which caused deeth.)
miner. fractu o pro gular emba	AMPECEDENT CAUSES CIRRHOSIS
A A Why	DISEASES OR CONDITIONS, it any, giving DUE TO, OR AS A CONSEQUENCE OF:
(3) E	rise to the obave couse (A) stoling the UNDERLYING CONDITION tost, (C)
dical lical rns; rsicio was mair	
W 0 7 2	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
a ody ody he sici	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
キョンス・ス	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID or CONTRIBUTING   CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?
0 - 1 3	
0	(APPROX.)  While At Work  Not While At Work
ppro the any (exc obt	
= 0	that (we) last saw the deceased alive an 12.30.69 19 and that in (aur) apinian death accurred on the da
be ded not prit prit sat sat	and haur and from the causes stated abave. (#) (We) (did (did not) view the bady after death.
- V C A	Attending Med. Staff 12 30 19
y was rely y was rel 1) An acc ).A. at a l d prior to	23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS  23D. ADDRESS
certificat body was 7s: (1) An D.O.A. at ased pric	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stotel
ws: (bod ws: (bod bod)	Burial 1/3/1970 Prospect Cemetery Frederick Co., Md.
This certification of the body shows: (1) was D.O. deceased written a	25A. DATE REC'D ST HEALTH DEPT. 25R. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
水や水をはは	C.M. Waltz, Box 241, Sykesville, Md.

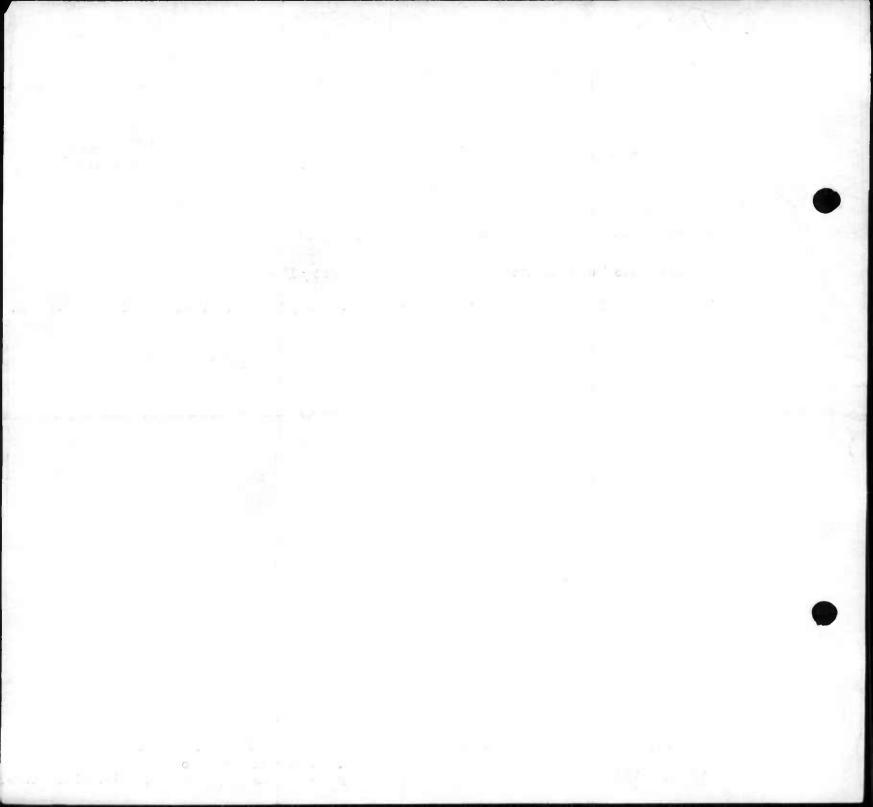


1	ed in a hospital and ting cause of death d cause; (5) Deceased r attendance on the prior to death. Such
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	sho sho was

	T-653 69		Y HEALTH DEPARTMENT	69 13076				
	BIRTH NO. THE	CERTIFICA	TE OF DEATH REG. NO.	09 190/6				
	NAME OF DECEMBER AT ON	/	2. DATE AND HOUR OF DEA	ТН				
	HORTON, L	EDWARD E.	12-29-69 4. USUAL RESIDENCE (Where deceased fived.	1/1:35AM				
	3. PLACE IN BALTIMORE, MARYLAND,	WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived,	If institution; residence before admission)				
- 11	FULL NAME OF (IF NOT IN HOSPI HOSPITAL OR ADDRESS OF LOC	TAL OR INSTITUTION, GIVE STREET	MD. HOWARD	6300				
	Saint Agnes I			NSIDE CITY LIMITS?				
- 11	40 Caton & Wilke		Maryland  E. STREET AND NUMBER	YES NO				
	/ B GGGH & WIIN	21229						
5	SEX 6. RACE		Rt 40, Marriottsville Md. Howard Co 21104					
	Male NegCan//	7- MARRIED NEVER MARRIED WIDOWED DIVORCED	3/16/1907 lost birthdox	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.				
1	OA. USUAL OCCUPATION (Give kind of wor one during most of working life, even if retired)	108 KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?				
-	Laborer		Virginia	U.S.A.				
Ī	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	U.D.A.				
	Unknow	m	Unknown					
1	5. Was Deceased Ever in U. S. Armed Fo es, no or unknown) (If yes, give wor or dol	rces? 16. SOCIAL	17. INFORMANT	ADDRESS				
11.	No		Margara Discords 44					
-	118.	CAUSE OF DEAT	Mrs. Agnes Rheubotto					
- []	DISEASE OR CONDITION DI			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
	LEADING TO DEATH	CANAL PROPERTY OF THE PROPERTY	RESPINATORY INSA	FFICION				
	(This does not meen the mode of heart failure, osthenio, etc. It means	dying, e.g., (A) IMMEDIATE CAU	A CONSEQUENCE OF:					
	injury or complication which caused	death 1	1					
	ANTECEDENT CAUSES EMRONIC PREUMONIA ?2-3 year							
	DISEASES OR CONDITIONS, IF	A CONSEQUENCE OF:	***************************************					
	rise to the above cause (A) UNDERLYING CONDITION lost,							
ONDERESTING CONDITION TOSI. (C)								
113	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING ITO THE DEATH BUT NOT RELATED TO THE TERMINAL							
1 ×	I TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION GIVEN IN PAR	HE TERMINAL						
100	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
L G D	0		NO	CAUSES OF DEATH?				
CALC	OR CONTRIBUTING CAUSE OF DEATH (notify medical examined	218 PLACE OF INJURY (e.g., in home, form, foclory, street, of elc.)	n or obout 21 C. WHERE DID (If In Boltin lice bldg., INJURY OCCUR?	nore City, give exact location)				
ARDI	21D. TIME (Month) (Doy) (Year)	(Hous) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?					
1	(APPROX)	While At Not While						
	22. I certify that (I) (this hospital	) ottended the deceased from A	6 3 8 - 76 11	2 2 2				
	that (1) (we) lost saw the decease			7				
	1 .			pinion deoth occurred an the date				
	and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.							
	7	( heim an ery 1) Atter	nding Med. Shaff 'C	23B, DATE SIGNED				
	23C. PHYSICIAN'S	DEGREE Phys.	Director Phys.	12/23/61.				
	NAME (Typel		3D. ADDRESS	,				
24		lio Freijanes MD. DEGREE						
1	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State)							
1		70 Fairview Ceme		Ll Co., Md.				
1 25	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS  C. M. Waltz, Dox 241, Sykesville, Md.							
VS	150-REV. 1/1/68	1 2 7 3 7 3	1 0 0 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	7235722269724				



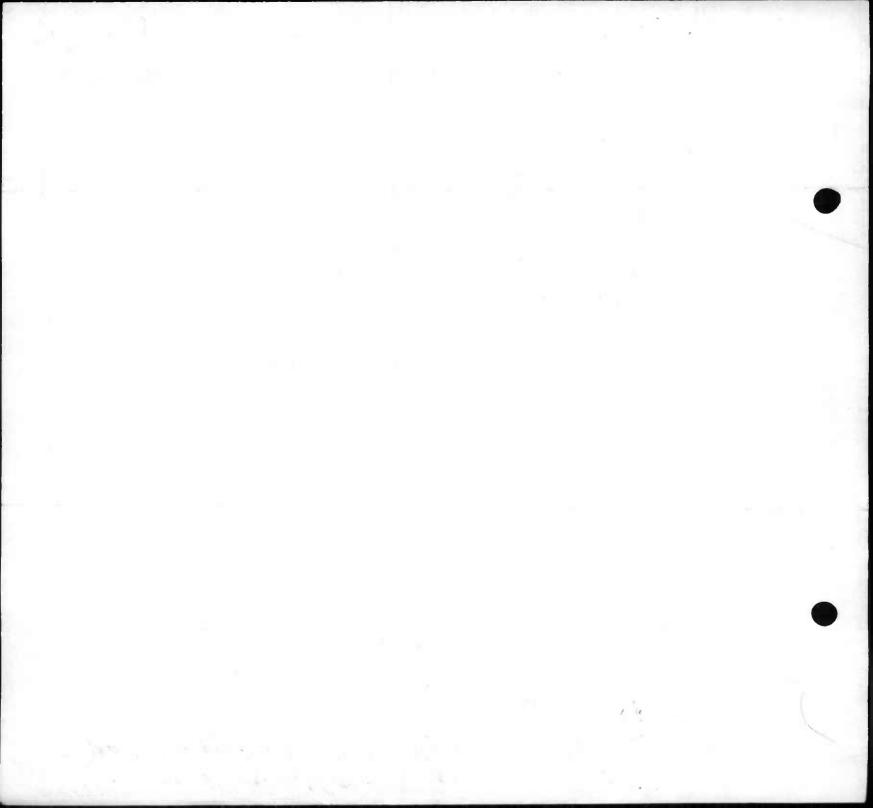
	7-554 69 13	1'7'7	Y HEALTH DEPARTMENT ATE OF DEATH REG. NO	69 13077			
- Ilia	NAME OF DECEASED		2. DATE AND HOUR OF DEATH				
	PPET O'MMINELLO	ANTHONY		691 3151			
	PLACE IN BALTIMORE, MARYLAND, WHERE P	RONO UN CED DEAD	4. USUAL RESIDENCE (Where deceased lived, If in A. STATE B. COUNTY	stitution: residence before admission)			
1111	ULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	MARYLAND Balto.				
	12,		BALTIMORF	YES X NO			
Y	SINAI HOSPITAL	OF BALTO.	E. STREET AND NUMBER 21136				
5,	SEX 6. RACE 7. MAR	RIED NEVER MARRIED					
	M WIDO	WED DIVORCED	8-21-93 last birthday 76	Il Under 1 Yr. Il Under 24 Hrs. Months Doys Hours Min.			
d	A. USUAL OCCUPATION (Give kind of work 10B, KIN one during most of working life, even if refired)		11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
	Produce Driver	Food	Maryland	U.S.A.			
113	FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
	Carmello Tumminello		Mary Porpura				
1.5 (Y	Wes Deceased Ever in U. S. Armed Forces? es,na or unknown) (If yes, give wor or dotes of sen YES	1 6. SOCIAL	17. INFORMANT 21136	ADDRESS			
	YES   WW M I	218 32 3990	Mrs. Mary Tumminello 60	7 Reisterstown Rd.			
	18. 250,91	CAUSE OF DEATI	1	APPROXIMATE INTERVAL			
	DISEASE OR CONDITION DIRECTLY		ACUTE DE 11	BETWEEN ONSET AND DEATH			
	LEADING TO DEATH (This does not mean the mode of dying,	(A) IMMEDIATE CAU		SUFT DAYS			
	heart failure, asthenia, etc. It means the distiniury or camplication which caused deoth.)	DUE TO, OR AS	A CONSEQUENCE OF:				
	ANTECEDENT CAUSES	CHRC	NIC RENAL INSU	FF YEARS			
	DISEASES OR CONDITIONS, il any, gi	VIDE TO, OR AS	A CONSEQUENCE OF:	12777			
	rise la lhe abave cause (A) staling UNDERLYING CONDITION last.	the (c) D/A	BETES MELLIT	US YEARS			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).	C. V. D. + C. V. A.	YEARS				
RTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  198-ADATE OF OPERATION WAS PERFORMED  20A-AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examine)	21B. PLACE OF INJURY (e.g., in hame, form, foctory, street, aff elc.)	er obout 21 C. WHERE DID (If In Boltimore ice bldg. INJURY OCCUR?	City, give exact location)			
	21D-TIME (Month) (Doy) (Year) (Hour)	21 E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
≥	(APPROX.)	While At   Not While Work   At Work					
	22. I certify that (1) (this hospital) attended the deceosed from 12-20 19 65 to 12-30 19 65 that (1) (we) last sow the deceosed alive on 12-30 19 65 and that in (my) (our) apinion deoth occurred on the date						
1	ond hour and from the couses stated above. (1) (We) (did) (did not) view the hady after death						
11	23A. SIGNAZURE / 23B. DATE SIGNED						
		M. D. DEGREE Phys.	ding Med. Steff Phys.	12-30-69			
	23C. PHYSICIAN'S NAME CTYPE! 23D. ADDRESS  CARCOS S. VALLEJOS M.D. SINAI HOSP. OF BALTO.						
24/	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMATERY OF CREATION						
		New Cathedral	- State and the state of the st				
25/	254 DATE SECON BY UPAGE VIOLET						
	JANS THE CALL	September 1	25C. JUNEAU DESCRIPTION 461	ll Park Heights Ave			
VS	150-REV. 1/1/68						



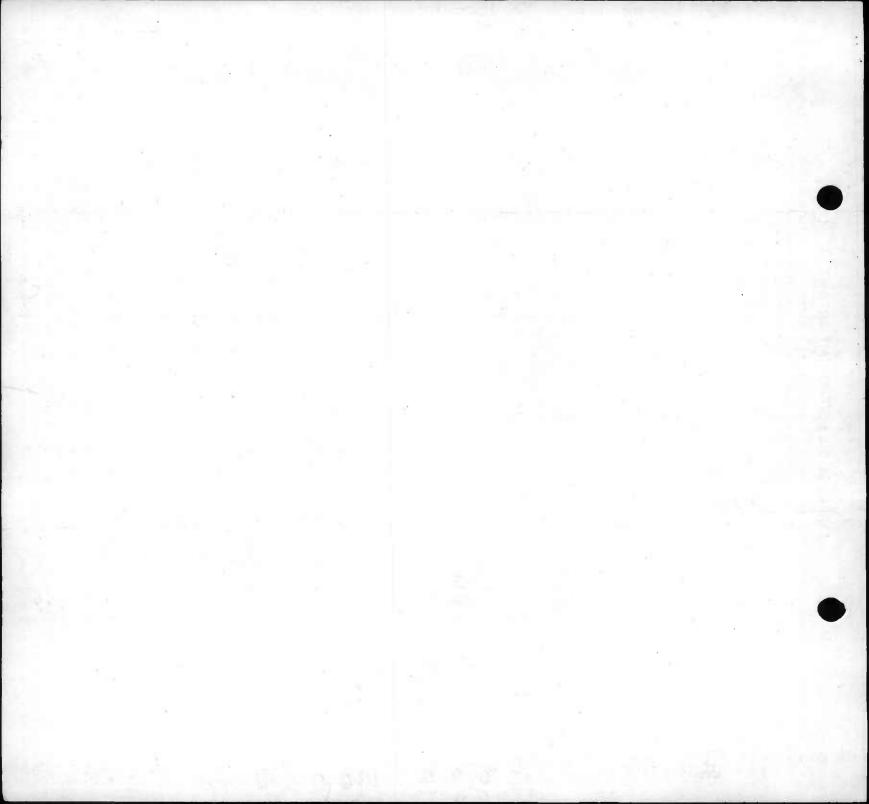
## FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if deoth occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	B-650 69 13078 CERTIFICATE	69 171170
1,	I. NAME OF DECEASED.  I(Type or Print)	2. DATE AND HOUR OF DEATH
3	3. PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD 4. U.S.	UAL RESIDENCE (Where deceased lived, If institution; residence before admission)
F	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Mary land 2/02 YORTOWN D. INSIDE CITY LIMITS?
	South Baldinoke General Hasp. E. ST	Bee A YES NO
S.	S. SEX   6. RACE   7. MARRIED   NEVER MARRIED   8. DA	1239 C12025 ST.  TE OF BIRTH 9. AGE (In years   II Under 1 Yr., If Under 24 His.)
	Male white WIDOWED DIVORCED /-	Dec - 69 last blishdoyl Months Days Hours Min.
de	IOA. USUAL OCCUPATION (Give kind of work IOB, KIND OF BUSINESS OR INDUSTRY 11. BI	RTHPLACE (Stole or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13	Ne royle 11. MANE 114. MANE	SORIGINATION OF THE STATE OF TH
	Bobby F Brown	M / 17
15	15. Was Deceased Ever in U. S. Armed Forces?  (Yes,no of unknown) (II yes, give wor or doles of service)  SECURITY NO.	ORMANT / ADDRESS
``	No None	Parents above
	DISEASE OR CONDITION DIRECTLY	APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH
	LEADING TO DEATH  (This does not mean the made of dying, e.g.,  (A) IMMEDIATE CAUSE	Septice 1a 5-10 days
	heart failure, asthenia, etc., It means the disease, injury or camplication which caused death.)  DUE TO, OR AS A CONS	EQUENCE OF:
	ANTECEDENT CAUSES (B) BOR - 3	- Russtured Omphalachele 31 days
	DISEASES OR CONDITIONS, il any, giving DUE 10, OR AS A CON ise to the above cause (A) stating the UNDERLYING CONDITION last.	SEQUENCE OF:
2	z	
ATIO	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING I TO THE DEATH BUT NOT RELATED TO THE TERMINAL SIGNIFICANT CONDITION GIVEN IN PART 1 (A).	***************************************
ERTIFIC,	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CAL	OR CONTRIBUTING CAUSE OF home, form, foctory, street office bld.	ut 21 G. WHERE DID (If In Baltimore City, give exact lacation)
MEDI	OF INJURY (APPROX.)    Open	21F. HOW DID INJURY OCCUR?
	22. I certify that (N (this hospital) attended the deceased from	1969 to 31- Dec 1969
		9 and that in(my) (ever) apinion death occurred on the date
	and haur and from the causes stated above. (1) (We) (did) (dident) view the	
	Riverding C	Med. Stoff Director Phys. 238. DATE SIGNED
	23C. PHYSICIAM'S NAME (Typel)  F. C. S. AD  23D. AD	
24.	24A. BURIAL CREMATION, 24B. DATE  REMOVAL (Specify)  24G. NAME OF CREMATOR  24G. NAME OF CREMATOR	Y 240 LOCATION (City, town, or county) of (Stotel
25.	Burial 1/3/70 menderridge 6 cm	Elbridal Mil
	JAN 5 1979 Rober & Jalley M. 9. 10 0 12	FUNERAL DIRECTOR PODRESS ST.
VS	VS 150-REV, 1/1/68	11 January



	S-3/6 69 13079 CERTIFICATE OF DEATH REG. NO. 69 13079
of death Of death Deceased e on the	1. NAME OF DECEASED (Type or Print) STAFFORD, ANNA DAWSON  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  14. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
a hospir cause of se; (5) De endance to deat	FULL NAME OF ADDRESS OR LOCATION)  FULL NAME OF ADDRESS OR LOCATION)  C. CITY OR TOWN  D. INSIDE CITY LIMITS?  C. CITY OR TOWN  D. INSIDE CITY LIMITS?
d caused in attending the attending to a trior e.	1700 W. 401 St.   BALIZ.   YES & NO   E. STREET AND NUMBER 700 W. 40#4 ST.
or contributed to contribute the contributed the contributed to contribute the contributed the contributed to contribute the contributed the c	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH   9. AGE (In years lost birthday) 9/ Months: Days Hours Min.  WIDOWED DIVORCED 6-4-1878 9. AGE (In years lost birthday) 9/ Months: Days Hours Min.
0 O E	Verified U.S.F.+ & Maryland. U.S. A.  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME
e direct ind; (4) U eath was e on the	Joseph Stallord  15. Was Deceased Ever in U. S. Annut Forces? (Yes, na ar unknown) (III yes, give wa) of dates of service)  16. SOCIAL SCURITY NO.  17. INFORMANT  ADDRESS
s assistant if the any k	DISEASE OR CONDITION DIRECTLY  219-16-6603  CAUSE OF DEATH  CAUSE OF DEATH  CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  DISEASE OR CONDITION DIRECTLY
ner or hi ner. Also sture of pronoun lar atter nbalmed	LEADING TO DEATH  (This does not meon the mode of dying, e.g., heart failure, asthenio, etc. It meons the disease, injury or complication which caused death.)  (A) IMMEDIATE CAUSE Consultation Turns of the constant of the constant of the consultation of the consulta
examiner 3) A fract n who print in regular s are emb	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the obave cause (A) stoling the  DUE TO, OR AS A CONSEQUENCE OF:
medical nedical burns; ( physicia an was remains	UNDERLYING CONDITION last. (c)
chief Body the the ysici	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimare City, give exact location)
by the pital by re; (2) where No ph	OR CONTRIBUTING CAUSE OF hame, form, factory, street, affice bldg., INJURY OCCUR?
hosi natu cept id (6)	21D. TIME (Manth) (Day) (Year) (Haut) 21E. INJURY OCCURRED Volid Mark Not While At Work 21E. INJURY OCCUR?
e appro of any tal (exe th); an	22. I certify that (1) (this haspitol) attended the deceosed from 1965 to 270 c 1965 that (1) (we) last saw the deceosed olive on 2 1965 and that in(my) (our) opinion death occurred on the date ond hour and from the couses stated above. (1) (We) (did) (did not) view the body ofter death.
must be a eleased to ccident of a hospital to death) all must be	23A. SIGNATURE Attending A
was r was r A at a prior	23C. PHYSICIAN'S NAME (Type)  Harold P. Biehl MD  DEGREE  24A. BURIAL CREMATION, [24B. DATE   24C. NAME of CEMETERY of CREMATORY   24D. LOCATION (City, town, or county) (State)
s: (OD.O	BURIAL 12-30-69 SPRINGHILL CEM. EASTON, MD.  25A. DATE REC'D BY HEALTH DEPT. 0 25B. NAME OF REGISTRAR 125C. FUNERAL DIRECTOR ADDRESS
This the b show was decement	JANS 1818 Volume of 1919 of Um & Florer & Sona Balto Ma



## IMPORTANT DIRECTOR: FUNERAL

REG. NO. CERTIFICATE OF DEATH use of death (5) Deceased Such I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) LO hospital death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD attendance B. COUNTY COUSE Maryland FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN Undetermined cause; 0 Baltimore prior contributing E. STREET AND NUMBER occurred Himore Genera Byrd St. made. in regular MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years deceased lost birthdov 12-3-96 WIDOWED DIVORCED isposition is 10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) death done during most of working life, even if retired) 0 Brakeman—Tetired Railroad Balto. Ild. Was 13. FATHER'S NAME the direct 14. MOTHER'S MAIDEN NAME <u>4</u> assistant if Unknown Unknown eath 20 0 kind; 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL SECURITY NO. 17. INFORMANT final (Yes, no or unknown) (If yes, give war or dotes of service) attendance ŏ Gardner J. Stanke any 18. / pronounced 0 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY 0 embalmed LEADING TO DEATH (A) IMMEDIATE CAUSE fracture (This does not mean the mode of dying, e.g., DUE TO. OR AS A CONSEQUENCE OF: the chief medical examiner heart foilure, asthenia, etc. If means the disease, examiner. regular injury ar complication which caused death.) who ANTECEDENT CAUSES are 4 DISEASES OR CONDITIONS, il any, giving ල rise to the above cause (A) stoting the physician the remains UNDERLYING CONDITION last. medical burns; physician was П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). Body 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION the 20 A. AUTOPSYT (Yes or No. 8 WAS PERFORMED before þ 21 A ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 3 where 218 PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, farm, loctory, street, office bldg., INJURY OCCUR? the body was released to the hospital No MEDICAL DEATH (notify medical examiner) shows: (1) An accident of any nature; by 21 D. TIME obtained (Month) (Doy) (Year) (Hous) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 approved (except While At F Not While (APPROX) and Work At Work 22. 1 certify that (i) (this haspital) attended the deceased from . pe that (i) (we) last saw the deceased alive on 12 -69 hospital death) his certificate must be and have and from the causes stated above. (i) (We) (did) (did not) view the bady after death. must 23A. SIGNATURE Attending X Med. Staff Phys. 0 approval Director 8 23C. PHYSICIAN'S NAME (Type) prior 23D. ADDRESS at D.O.A. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) deceased 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION 5 69 Balto. U. S. National Balto. Md. Was SALE SECONDANAL PODE LE 25E NAME OF REGISTRAR 25C. FUNERAL DIRECTOR

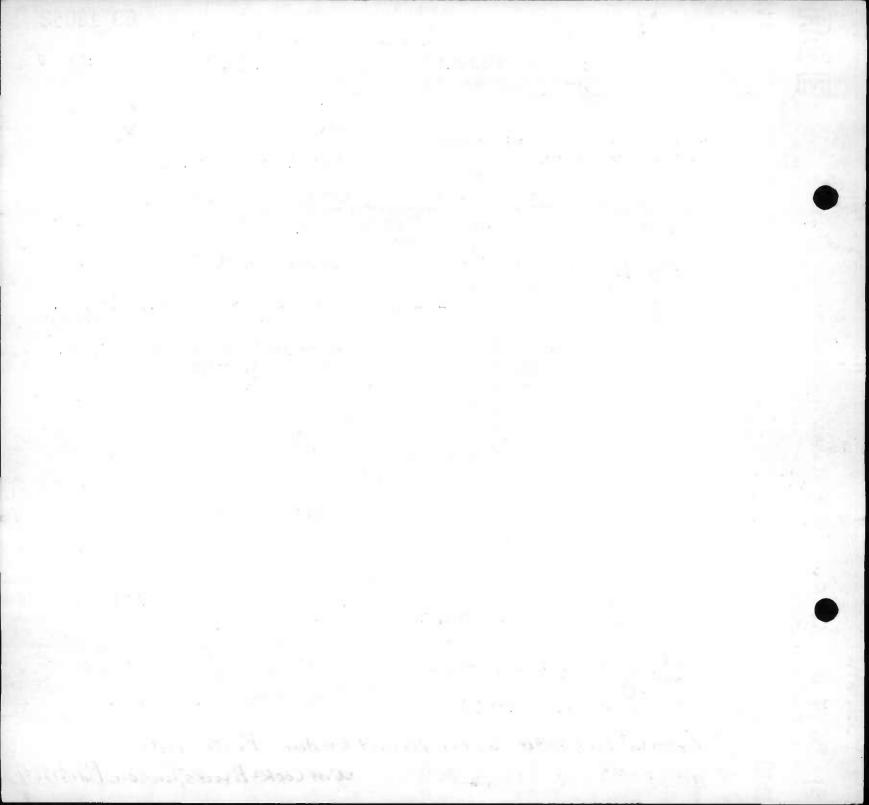
BALTIMORE CITY HEALTH DEPARTMENT 69 13080 4. USUAL RESIDENCE (Where deceased lived, if institutions residence D. INSIDE CITY LIMITS? YES X NO If Under 1 Ya If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? US A ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exact location) and that In(my) (our) apinian death occurred an the date 23B, DATE SIGNED (City, town, or county) VS 150-REV. 1/1/68

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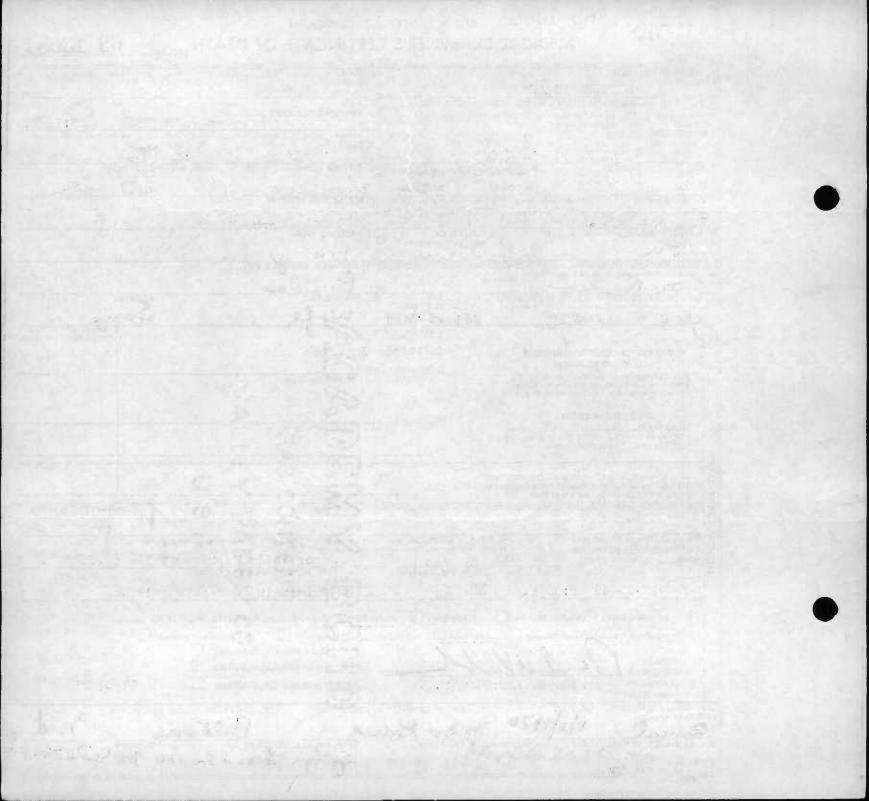
5-14	2 69 13 MET	081	BALTIMORE CITY HE						
BIRTH NO.	MED	ICAL	EXAMINER'S	CERTIFIC	CATE OF	DEAT	H REG. NO.	69	12000
I. NAME OF DECEASED (Type or Print) FRANK SOKOLICH				2. DATE OF	Known	Month	Day	Year	Hour
4. PLACE IN BAL	TIMORE, MARYLAND, V	VHERE PRO	NOUNCED DEAD	3. DATE		Month	Day	Yeor	Hour
FULL NAME OF HOSPITAL	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	PRONOI	UNCED DEAD	Decer	mber 30,	1969	5:00 P.
OR INSTITUTION 1	12 S. Washing	gton Si	treet	5. USUAL R A. STATE	Marylan		ed. If institution B. COUNTY	residence b	efore odmission)
6. SEX	7. RACE	B. MARRIE	D NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CI	TY LIMITS?	
Male	White	WIDOWE	D DIVORCED 1	Balt:	imore		YE	s 🗗	NO 🗆
9. DATE OF BIRTI	H 10.AGE (I	yeors I	Under 1 Yr. If Under 24 Hrs.		ND NUMBER				
APRIL	. / / / /	-		1	. Washing	ton Sti	ceet		
	v JERS 64		WHAT COUNTRY?	13. FATHER		SOK	OLICH	/	
dane during most of w	PATION (Give kind of work rorking life, even if retired)	NORT	OF BUSINESS OR INDUSTRY	15. MOTHE	EDPIE	ME Z//	MNIT	ZKY	
6. WAS DECEAS	ED EVER IN U.S. ARMEL	FORCES?	17. SOCIAL	IB. INFORA	MANT		Al	DRESS	000///0/
Tes, no dr Unknown)	(If yes, give wor or dotes	RII	SECURITY NO.	SONYA	HELEHS	ZAPPA	RDING	34121	E DIRK
heort follure, Injury or con  AN  DISEASES ( RISE TO THE UNDERLYIN	ot meon the made of dy, osthenla, etc. It meons the polication which caused de NTECEDENT CAUSES  CONDITIONS, IF AN' E ABOVE CAUSE (A) STA	disease, oth.)	(8)	AS A CONSEQ					
DISEASE OR	II IFFICANT CONDITIONS C ATH BUT NOT RELATED TO CONDITION GIVEN IN P.	THE TERMIN	AL						
20A. DATE OF	OPERATION 208. COI	NDITION FO	OR WHICH OPERATION WA	AS PERFORM	ED			21. AUTO	PSY? (Yes or No) Yes
UNDERLYING	NAL CAUSE WAS ON CONTRIB- USE OF DEATH.	ho ho	B. PLACE OF INJURY (e.g., ime, form, lactory, street, office	In ar about 2 bldg., etc.) If	2C. WHERE DID	(11 in Boltimoi	e City, give exo	ct location)	
22D. TIME (OF INJURY (APPROX.)			22E.INJURY OCCURRED. WHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	WHILE	2F. HOW DID IN	JURY OCCU	JR?		
23. 1 certi	ify that I held on I		Inspection Au		and that an ti	his basis,	death in my	apinion	
result	red from: Notoral cau	ses 🗷	Accident Suicid				ned monner [	_	
ACTUAL	Y).	0 21	1/11		CHIEF MEDICAL E	XAMINER			DATE SIGNED
SIGNATU	11 /	1/	M.D.	•	STANT MEDICAL E		X		
NAME (T	ype) Ronald N	. Korr	ıblum, M.D.	ASSO	CIATE MEDICAL E	XAMINER		12/31	/09
24A. BURIAL CREA REMOVAL (Specification)	MATION, 248, DATE	1970		ar CREMATO	RY 24D.	LOCATION	(City, lown	, or county)	(State)
2SA. DATE REC'D	BY HEALTH DEPT.	25B, NA	770		UNERAL DIRECTO	78	AI	ODRESS	770
IBN 5	1970 Pagal		A O O O	THE			INC 18		OMBARD
'S 151-REV. 1/1/68				0				***	

	hospital and use af death (S) Deceased ance an the death. Such
	curred in a ributing cau- ined cause; jular attend ed prior ta nade.
_	if death ocreet or contract or cont (4) Undetern was in reg the deceas
APORTAN	his assistant ia, if the dii if any kind; inced death need and
ECTOR: IA	xaminer or (aminer. Als A fracture o wha pranau regular att
FUNERAL DIRECTOR: IMPORTANT	be appraved by the chief medical examiner or his assistant if death occurred in a hospital and d ta the haspital by a medical examiner. Alsa, if the direct or contributing cause of death ta fany nature; (2) Body burns; (3) A fracture at any kind; (4) Undetermined cause; (5) Deceased ital (except where the physician who pranaunced death was in regular attendance an the thith); and (6) Na physician was in regular attendance an the deceased prior ta death. Suclate be abtained befare the remains are embalmed or final dispasitian is made.
J.F.	aved by the c e haspital by r nature; (2) B (cept where nd (6) Na ph)
	nust be apprileased to the cident of any hospital (extangle death); and must be about
RGB	This certificate must be appraved by the chief medical examiner or his assistant if death occurred in a hospital and the bady was released to the haspital by a medical examiner. Also, if the direct or contributing cause of death shaws: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pranounced death was in regular attendance an the deceased prior to death); and (6) Na physician was in regular attendance an the deceased prior to death. Sucleased prior to death, sucleased prior to death, so death, so a death.

BIRTH NO.  1. NAME OF DECEASED (Type of Print)  Carl Frank WALKEING  3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF ADDRESS OR LOCATION)  US Public Health Service Hospital  Walkeing Dec. 30, 1969  4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  A. STATE  Pa.  C. CITY OR TOWN  Philadelphia  E. STREET AND NUMBER  2067 E. Letterly St.  5. SEX  6. RACE  7. MARRIED NEVER MARRIED  8. DATE OF BIRTH  9. AGE (In years Minute)  10. Under 1 Yr. If Under 24 His-
T.NAME OF DECEASED  (Type of Print)  Carl Frank WALKLING  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  US Public Health Service Hospital  C. CITY OR TOWN Philadelphia  E. STREET AND NUMBER 2067 E. Letterly St.
Carl Frank WALKEING  Dec. 30, 1969  9:30 P  M.  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  US Public Health Service Hospital  2. 3100 Wyman Parkway  FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  E. STREET AND NUMBER  2. 367 E. Letterly St.
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  US Public Health Service Hospital  23100 Wyman Parkway  5. SEX 16. RACE 17. MARRIED TO NAME OF SIREH 19. AGE (In vers.) If Under 24 Hispital 19. AGE (In vers.) If Under 24 Hi
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  US Public Health Service Hospital  23100 Wyman Parkway  5. SEX 16. RACE 17. MARRIED TO ANNER MARRIED TO BE BIRTH 19. AGE (In verts 11. Under 14. If Under 24. Hisponia)  8. DATE OF RIGHT  19. AGE (In verts 11. Under 14. If Under 24. Hisponia)
US Public Health Service Hospital  2 3100 Wyman Parkway  Philadelphia  E. STREET AND NUMBER  2067 E. Letterly St.
US Public Health Service Hospital  2 3100 Wyman Parkway  2067 E. Letterly St.  5. SEX 16. RACE 17. MARRIED TO ANNUA MARRIED TO BE BIRTH 19. AGE (In years 11. Under 1. Yr. 16. Under 24. Hrs.
5. SEX   6. RACE   7. MARRIED   8. DATE OF RIGHT   9. AGE (In years   16 Under 1 Yr.   16 Under 24 Hrs.
5. SEX 6. RACE 7. MARRIED TO MERCED TO 8. DATE OF RIRTH 9. AGE (In years 1) Under 1 Yr. If Under 24 Hrs.
MARKIED   Never MARKIED   Itost birthdoy   Months Doys Hours Min.
M WIDOWED DIVORCED 9/5/05 64
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
Captain Seafarer Pa. USA
13. FATHER'S NAME
Henry Walkling Louise Hoephert
15. Was Deceased Ever in U. S. Armed Foices?  (Yes, no or unknown) (If yes, give wor or doles of service)  16. SOCIAL SECURITY NO.
No 181-10-6498 Records- US PHS Hospital, Balto, Md.
18. / 5 4/ 1 CAUSE OF DEATH BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(A) IMMEDIALE CAUSE
heart failure, asthenia, etc. It means the disease,
injuly at camplication which caused death,)
ANTECEDENT CAUSES  (8)  OUT TO OR AS A CONSTOURNES OF
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: rise to the above cause (A) stating the
UNDERLYING CONDITION last. (C).
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT DELATED TO THE TEDANINAL
E 10 THE DEATH BUT NOT RELATED TO THE TERMINAL  V DISEASE OR CONDITION GIVEN IN PART 1 (A).
Z TO THE DEATH BUT NOT RELATED TO THE TERMINAL  O DISEASE OR CONDITION GIVEN IN PART 1 (A).
DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH?  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH?  21A. ACCIDENT WAS UNDERLYING Notice of the part of the
DISEASE OR CONDITION GIVEN IN PART 1 (AL.)  19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No)   20B. IF YES, WERE FINDINGS CONSIDERED   IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH (notify medical examiner)   21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?  21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED   21F. HOW DID INJURY OCCUR?
DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH?  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH?  21A. ACCIDENT WAS UNDERLYING Not While Not While Not While At No
DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21B. PLACE OF INJURY (e.g., in or about 21C, WHERE DID INJURY OCCUR?  21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED While At Work 21F, HOW DID INJURY OCCUR?
O THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH?  21A. ACCIDENT WAS UNDERLYING NOT COUNTY OF DEATH (notify medical examine)  21A. ACCIDENT WAS UNDERLYING NOT COUNTY OF DEATH (notify medical examine)  21A. ACCIDENT WAS UNDERLYING NOT COUNTY OF DEATH (notify medical examine)  21A. ACCIDENT WAS UNDERLYING NOT COUNTY OF DEATH (notify medical examine)  21A. ACCIDENT WAS UNDERLYING NOT COUNTY OF DEATH (notify medical examine)  21A. ACCIDENT WAS UNDERLYING NOT COUNTY OF DEATH (notify medical examine)  21A. ACCIDENT WAS UNDERLYING NOT COUNTY OF DEATH (notify medical examine)  21A. ACCIDENT WAS UNDERLYING NOT COUNTY OF DEATH (notify medical examine)  21A. ACCIDENT WAS UNDERLYING NOT COUNTY OF DEATH (notify medical examine)  21A. ACCIDENT WAS UNDERLYING NOT COUNTY OF DEATH (notify medical examine)  21A. ACCIDENT WAS UNDERLYING NOT COUNTY OF DEATH (notify medical examine)  21A. ACCIDENT WAS UNDERLYING NOT COUNTY OF DEATH (notify medical examine)  21A. ACCIDENT WAS UNDERLYING NOT COUNTY OF DEATH (notify medical examine)  21A. ACCIDENT WAS UNDERLYING NOT COUNTY OF DEATH (notify medical examine)  21A. ACCIDENT WAS UNDERLYING NOT COUNTY OF DEATH (notify medical examine)  21A. ACCIDENT WAS UNDERLYING NOT COUNTY OF DEATH (notify medical examine)  21A. ACCIDENT WAS UNDERLYING NOT COUNTY OF DEATH (notify medical examine)  21A. ACCIDENT WAS UNDERLYING NOT COUNTY OF DEATH (notify medical examine)  21A. ACCIDENT WAS UNDERLYING NOT COUNTY OF DEATH (notify medical examine)  21A. ACCIDENT WAS UNDERLYING NOT COUNTY OF DEATH (notify medical examine)  21A. ACCIDENT WAS UNDERLYING NOT COUNTY OF DEATH (notify medical examine)  21A. ACCIDENT WAS UNDERLYING NOT COUNTY OF DEATH (notify medical examine)  21A. ACCIDENT WAS UNDERLYING NOT COUNTY OF DEATH (notify medical examine)  21A. ACCIDENT WAS UNDERLYING NOT COU
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DISEASE OR CONDITION OF INTERCED TO THE DEATH BUT NOT RELATED TO THE BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE BUT NOT REL
DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH?  21A. ACCIDENT WAS UNDERLYING Name, form, foctory, street, office bldg., INJURY OCCUR?  21A. ACCIDENT WAS UNDERLYING Name, form, foctory, street, office bldg., INJURY OCCUR?  21A. ACCIDENT WAS UNDERLYING Name, form, foctory, street, office bldg., INJURY OCCUR?  21A. ACCIDENT WAS UNDERLYING Name, form, foctory, street, office bldg., INJURY OCCUR?  21A. ACCIDENT WAS UNDERLYING Name, form, foctory, street, office bldg., INJURY OCCUR?  21A. ACCIDENT WAS UNDERLYING Name, form, foctory, street, office bldg., INJURY OCCUR?  21A. ACCIDENT WAS UNDERLYING Name, form, foctory, street, office bldg., INJURY OCCUR?  21A. ACCIDENT WAS UNDERLYING NAME OF DEATH?  21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID N. CERTIFYING CAUSES OF DEATH?  21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID N. CERTIFYING CAUSES OF DEATH?  21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID N. CERTIFYING CAUSES OF DEATH?  21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID N. CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING NAME OF DEATH?  21A. ACCIDENT WAS UNDERLYING NAME OF DEATH?  21A. ACCIDENT WAS UNDERLYING NAME OF DEATH OF D
DISEASE OR CONDITION GIVEN IN PART 1 (A).  19.A. DATE OF OPERATION  19.B. CONDITION FOR WHICH OPERATION  WAS PERFORMED  21.A. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21.D. TIME  OF INJURY  (APPROX.)  DEC. 30  19  69  and that in (my) (our) opinion deoth occurred on the dote and hour ond from the couses stated above. (I) (We) (did) (did not) view the body ofter deoth.  23.D. TIME  OF INJURY  (APPROX.)  Athending  Phys.  DEGREE  Phys.  Athending  Med.  Director  Director  Med.  Director  Director  Phys.
DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH?  21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, foctory, street, office bidg., INJURY OCCUR?  21D. TIME (Month) (Day) (Year) (Hour) While Work AI Work INJURY OCCUR?  21D. TIME (Month) (Day) (Year) (Hour) While AI Work INJURY OCCUR?  21D. TIME (Month) (IV) (this hospital) attended the deceosed from NOV. 10 19 69 and that in (my) (our) opinion deoth occurred on the date and hour and from the causes stated above. (V) (We) (did) (did not) view the body ofter deoth.  23A. TGNATURE  23D. ADDRESS  23D. ADDRESS
DISEASE OR CONDITION GIVEN IN PART   (A).  19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   19B. CONDITION FOR WHICH OPERATION   19B. CONDITION FOR WHICH OPERATION   19B. CONSIDERED   19B. PLACE OF INJURY (e.g., in or about Nome, form, foctory, street, office bidg., INJURY OCCUR?  21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or about Nome, form, foctory, street, office bidg., INJURY OCCUR?  21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or about Nome, form, foctory, street, office bidg., INJURY OCCUR?  21D. TIME (Month) (Doy) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?  While At   Not While   At Work   Not Work   19B. Condition   Nov.   19B. Condition   19B
DISEASE OR CONDITION GIVEN IN PART   (A).  DECREE   (A)   (A)
DISEASE OR CONDITION GIVEN IN PART I (A).  10 ADATE OF OPERATION   198. CONDITION FOR WHICH OPERATION   198. CONDITION FOR WHICH OPERATION   198. CONDITION FOR WHICH OPERATION   198. CONDITION   198. CONDITION FOR WHICH OPERATION   198. CAUSE OF DEATH?  21A. ACCIDENT WAS UNDERLYING   198. PLACE OF INJURY (e.g., in or about 21C. WHERE DID   198. PLACE OF INJURY OCCUR?   198. PLACE OF INJURY OCCUR
DISEASE OR CONDITION GIVEN IN PART   (A).    19A.DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No)   20B. IF YES, WERE FINDINGS CONSIDERED   19A.DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   21A. ACCIDENT WAS UNDERLYING   ACCOUNTY   19B. CONTRIBUTING   CAUSE OF DEATH?    21A. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH?   21B. PLACE OF INJURY (e.g., in or obout home, form, foctory, street, office bldg., long of long   19B. CONTRIBUTING   19B. CONSIDERED   19B. CONTRIBUTING   19B.
DISEASE OR CONDITION GIVEN IN PART I (A).  DISEASE OR CONDITION GIVEN IN PART I (A).  19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No)   20B. IF YES, WERE FINDINGS CONSIDERED   IN CERTIFYING CAUSES OF DEATH?  YES   YES



1	1)-560	MED	ICAL	EXAMINE				OF	DEAT	H REG. NO	69	13083	
BI	RTH NO.									KEG, NO	0		
	NAME OF DEC	MILTON WEIN	VER			2. DATE OF DEATH	Known Estimol	1	Month	Day	Yeor	Hour	
4.	PLACE IN BAL	TIMORE, MARYLAND, V		NOUNCED DEAD		3. DATE			Month	Doy	Yeor	Hour M.	
HC	ILL NAME OF OSPITAL RINSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET			JNCED DE			er 30,	1969	10:11 Pm.	
-				36.1911		A. STATE	ESIDEIACE	(where	aeceasea IIV	B. COUNTY	ion: residence	before odmission)	
		SINAI HOSPITA		DA)			Maryla	nd		130	llo	00-00	
	SEX	7. RACE	B. MARRIE	D NEVER MARR	RIED	C. CITY OR	TOWN			D. INSIDE	CITY LIMITS?		
	Male	White	WIDOWE	D DIVOR	CED	Randa	11stow	m			YES	NO D	
9.	DATE OF BIRT	H 10. AGE (Ir	yeors	f Under 1 Yr. If Under Aonths   Doys , Hours	24 Hrs.	E. STREET AND NUMBER							
1	Feb- 24	1912	47	Doys	Mill.	3606 Belair Read Gree							
		tale or foreign country)	1:	2. CITIZEN OF	•	13. FATHER'S NAME							
	Ha			WHAT COUNTRY	?	1_1	0						
144	USUAL OCCU	PATION (Give kind of work	14B. KIND	OF BUSINESS OR IN	IDUSTRY	15. MOTHE	R'S MAIDE	NNAA	AF				
don	ne during most of w	varking life, even ifretired)				0	0						
114	WAS DECEAS	ED EVER IN U.S. ARMED	CORCECO	117 505141		10	well	12					
		(If yes, give wor or doles		17. SOCIAL SECURITY N	10.	IB. INFORM	MANI				ADDRESS		
	Les	Tww		155-05-4	6074	W.	rfe				Jam	2	
11	19	2 27		CAUSE	OF DEAT	TH					Al	PPROXIMATE INTERVAL	
1	DISEAS	E OR CONDITION DIREC	TIV	Mulli	tiple	Injur:	ies				DEL	TEEN ONSE! AND DEATH	
		LEADING TO DEATH	-121			VO							
	(This does n	of mean the made of dy	ing, e.g.,	(A)IMMI	TO, OR A	S A CONSEQ	LIENCE OF:						
	injury or con	, osthenio, etc. It means the application which coused dea	diseose, Ih.)		- /		1919						
		NTECEDENT CAUSES	1	(B)									
	RISE TO THE	OR CONDITIONS, IF ANY	GIVING	DUE	TO, OR	AS A CONSEC	QUENCE O	F:					
7	UNDERLYIN	NG CONDITION LAST.	3	(c)									
Õ		11		(0)									
CERTIFICATION	TO THE DEA	IIFICANT CONDITIONS CO ATH BUT NOT RELATED TO CONDITION GIVEN IN PA	THE TERMIN	NG AL									
E		OPERATION 208. CON		OR WHICH OPERAT	ION WA	S PERFORM	ED				21 AUTO	PSY? (Yes or No)	
Ö	2										211 7010	7511 ()	
¥	22A. FYTER	NAL CAUSE WAS	lan	DI ACE OF INVIV	DV/		0.0					es	
EDIC	PALLEGI.	OR CONTRIB.	ho	B. PLACE OF INJUI	eel, office	bldg., etc.) 11	JURY OC	CUR?	lt in Boltimor	e City, give e	xoct location)	2765	
ME		USE OF DEATH.		Street		J	ones F	'a 11s	Expre	ssway-	114 ft	.S.of 5.7	
2	OF INJURY	(Month) (Doy) (Year	) (Hour)	22E. INJURY OCCI	- 1		2F. HOW	נאו מוכ	URY OCCU	R?		Maker	
	(APPROX.)12	-30-69 9:30	P. m	WHILE AT	NOT Y	WHILE X	Driver	in	auto-a	uto co	llision		
	23.				F. 11	J. C.   -					7.1.1.00011		
	1 certi	ify that I held on Ir	nquiry 🗌	Inspection	Aut	opsy 🗓	and tha	t on th	is basis,	deoth In m	y opinion		
	result	ted from: Natural cou	e Ho	micide [	] [	Indetermin	ed monner						
		1 1		HIEF MED	ICAL EX	KAMINER							
	ACTUAL	- Muld		TANT MED			x		DATE SIGNED				
	SIGNATU		Von	ab I M D	M.D.						70/0-	1100	
	NAME (T	ype) Kullaid I	· KOT	nblum, M.D.		A550	CIATE MED	JICAL E)	KAMINER		12/31	1/09	
24	A. BURIAL CREA	AATION, 248, DATE		24C. NAME of CEM	AETERY 4	CREMATO	RY	24D T	OCATION	(City An)	wn, or county)	(\$1-1-)	
RE	MOVAL (Specif	(x) 1/1/10	170	2 1 1					12	(CIIY, 10)	and or county)	(Slote)	
	Bureal	7 1,1,	\ /		Code		W. III		Dall	more		ma	
25.	A. DATE REC'D	BY HEALTH DEPT.	250 NA	WE OF REGISTRAR		2SC. F	UNERAL D	PIRECTO			ADDRESS D	7 0	
11	IN 5 10	Western Co	and Deep	700	17	Sul	hour !	Leus	rod So	MINC	9610	fushersburg	
We!	151 PEV 7/7/48		12	0 7 0			U C	Y \ {					



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

0	BALTIMORE CITY	HEALTH DEPARTMENT	1						
5-252 69 18	NOA	TE OF DEATH	X	69 13084					
BIRTH NO.  1. NAME OF DECEASED	OLIVIII (O)		U-TANASAN	2.0001					
	Rose Anna Scoggins		MBER 31, 1969	35					
3. PLACE IN BALTIMORE, MARYLAND, WHE	RE PRONOUNCED DEAD	4. USUAL RESIDENCE (		stitution: residence before odmission)					
FULL NAME OF OF NOT IN HOSPITAL	OP INSTITUTION GIVE STREET		Baltimore	E 2 / /					
HOSPITAL OR ADDRESS OR LOCATION	OR INSTITUTION, GIVE STREET	C, CITY OR TOWN		DE CITY LIMITS?					
of charle House	a respect	Sparrows Poi		YES NO					
Baltimou Ma	21231	E. STREET AND NUMBE							
Church Home & Hospita	al	/225 Form	rest Road	2/2/9.					
I A DITE	MARRIED NEVER MARRIED DIVORCED DIVORCED	March 8, 188	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.					
10A. USUAL OCCUPATION (Give kind of work 10	B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole of	foreign country)	12. CITIZEN OF WHAT COUNTRY?					
done during most of working life, even if retired)  HOUSEWIFE		MARY	LAND.	USA.					
13. FATHER'S NAME		14. MOTHER'S MAIDEN							
(/ ? Marik	99 19 F		3						
15. Was Deceased Ever in U. S. Armed Forces (Yes, no or unknown) (If yes, give wor or doles o	? 1 6. SOCIAL SECURITY NO.	17. INFORMANT (Dau	rhten) 1225	Forme Appress					
NO	212-58-1201	Miss Allie So	nogins. Balto	. Md. 21210					
18. 4/ / / /	CAUSE OF DEATH		JOSSELIS, DATOC	APPROXIMATE INTERVAL					
DISEASE OR CONDITION DIREC	CTLY			BETWEEN ONSET AND DEATH					
LEADING TO DEATH	(A) IMMEDIATE CAU	E Arleus de	alia Cardio	Years					
(This does not mean the mode of dy heart failure, asthenia, etc. It means the	ing, e.g., DUE TO OR AS								
injury ar complication which caused de		Vascular	Disease . wit						
ANTECEDENT CAUSES	453	cardioc a	nest - protect	5-					
DISEASES OR CONDITIONS, if any	, giving (B) DUE TO, OR AS	A CONSEQUENCE OF:	Jeon Weller Zuf Well						
ise to the above cause (A) stated UNDERLYING CONDITION last.	aling the (C)		2						
П									
OTHER SIGNIFICANT CONDITIONS CONTE	RIBUTING								
I A DISEASE OR CONDITION GIVEN IN PART 1	(A).	120 A ALIXABENA /V	Nall con as were assessed						
I III III		AUTOPST/ (Tes of	No. 208, IF YES, WERE IN CERTIFYING CAL	USES OF DEATH?					
U 21A. ACCIDENT WAS UNDERLYING	218 PLACE OF INJURY (e.g., in	or about 21 C. WHERE DIE	(II In Rollimore	e City, give exocl locotion)					
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	home, form, foctory, street, off	ice bldg. INJURY OCCUR	ii in bollimore	e City, give exect tocotton)					
OF INJURY (Month) (Doy) (Yearl (I	Hour 21E INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?						
(APPROX)	While Al Nol While Work At Work								
22. I certify that (1) (this haspital) a	ttended the deceased from /2	-/29	19 69 to 12/	3/ 19 69					
that (1) (we) last saw the deceased o				nian death occurred on the date					
and haur and from the causes stated	above. (i) (We) (dld) (did nat) vi	ew the bady after dear	h.						
23A. SIGNATURE			. 10	23B, DATE SIGNED					
	After Phys.	Med.	Staff Phys.	12/31/69					
23C. PHYSICIAN'S NAME (Type)	2	3D. ADDRESS							
J. MARCITI	V. MA RTINGE Medical Chts Building - Baltone 4d 21201								
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CRE		LOCATION (Cit	y, town, or county) (Statel					
Burial 1/5/70	Daloumoto, maryland								
25A. DATE REC'D BY HEALTH DEPT. 25	B NAME OF REGISTRAR	25C. FUNERAL DIRECT	OR 7022 Wit as	Ave. Dundalk, Md.					
VS 150-REV. 1/1/AR	Japley M.g. O	John J. Dud	1922 W156	Ave. Dundalk, Ed.					

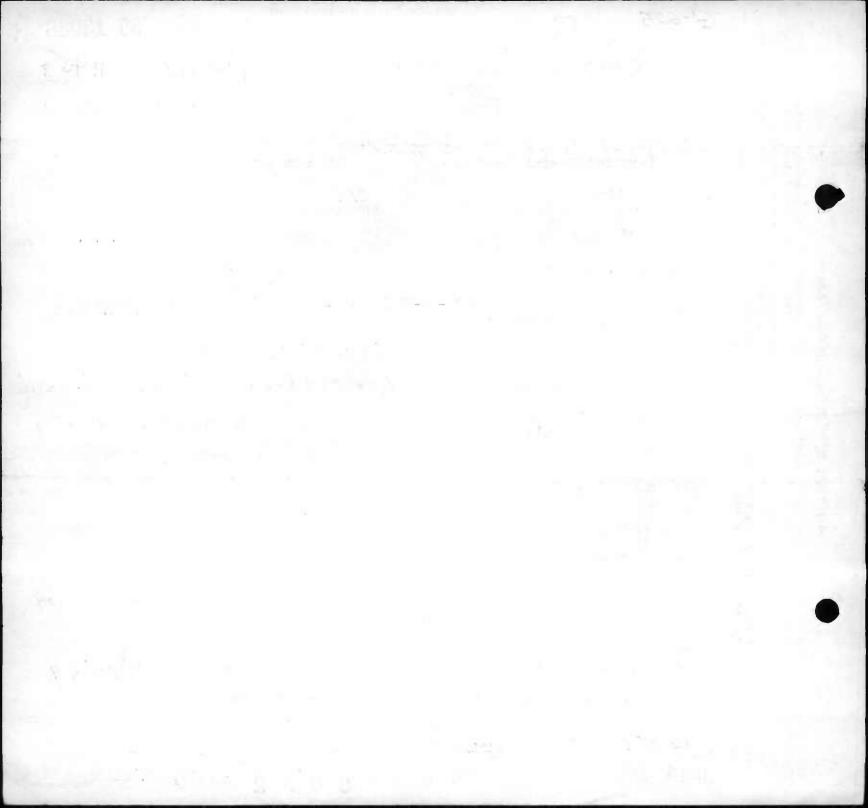
20 SYNDAD - UN 

	-520	2		ICAL		AMINER'S			OF [	DEATI	H REG NO.	69	130	85
	RTH NC.	C.C.C.C.C.												
(Ty	Pe or Print)	CEASED	BENJAM	TN JA	NIC	KT	2. DATE OF DEATH	Known Estimate	_	Month Decem	ber 31,	1969	Haur	м
4.	PLACE IN BAI	LTIMORE, MA					3. DATE			Month	Doy	Yeor	Hour	M
HC	LL NAME OF DSPITAL INSTITUTION	(IF NO	T IN HOSPITA	L OR INST	OITUTIO	N, GIVE STREET		OUNCED DEA			ber 31,		3:30	
1	20.	1106 S.	Conk1	ingSt	ree	t	A. STATE	Marylar			B. COUNTY	1	66	9
6.	SEX	7. RACE		8. MARRI	IED A	NEVER MARRIED	C. CITY	OR TOWN			D. INSIDE CIT	Y LIMITS?		/
M	la1e	Whit	e	WIDOW		DIVORCED		Baltimore YES X NO						
	9. DATE OF BIRTH July 19, 1894  10. AGE (In yeors   II Under 1 Yr. If Under 24 Hrs. Doys   Hours   Min.													
	BIRTHPLACE (		75		12. CI	I I I	13 FATH	1106 S. Conkling Street 13. FATHER'S NAME						
	Polan	d		no di	W	HAT COUNTRY?	Paul Janicki							
dop	during mostor letired	working lile, ex	en If relired)	Can	-	JSINESS OR INDUST		Bernice ?						
	WAS DECEAS s, no or unknown NO					7. SOCIAL 218-10-4979	Mrs.	Frances	Wife) s Jan		1106 St. Balto.	DRESS Conk	ling	St.
-	19. 41	2 4				CAUSE OF DE	ATH				242006	A	PPROXIMATE I	
	DICEAC	DISEASE OR CONDITION DIRECTLY  Arteriosclerotic cardiovascular disease												
	LEADING TO DEATH (A)IMMEDIATE CAUSE													
	(This does r	(This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. it means the disease,												
	injury or con	Injury or complication which coused death.)												
	A	ANTECEDENT CAUSES (B)												
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE													
Z	UNDERLYII	NG CONDIT	ION LAST.			(c)								
CERTIFICATION		NIFICANT CON					180°				414			
TE	DISEASE OF	RCONDITION	GIVEN IN PA	RT 1 (A)-										h1 \
CER	ZVA. DAIE O	F OPERATIO	1 208. CON	IDITION	FOR W	HICH OPERATION V	WAS PERFORMED 21. AUTOPSY? (Yes o						or No)	
	22A. FXTER	NAL CAUSE	WAS	I.	22B. PI	ACE OF INITIPY	no or obout 22C. WHERE DID (II in Boltimore City, give exact location)							
EDICAL	UNDERLYING	GOR CON	TRIB-		home,	lorm, loctory, street, off	ice bldg., etc.	INJURY OCC	CUR?	III BOMINIO	c city, give exc	er rocanon,		
Z	UTING CA		Ooy) (Yeor	) (Hour	) 228	INJURY OCCURRED		22F. HOW D	DINI DIC	RY OCCU	JR?			-
	OF INJURY (APPROX.)				m. WH	ILE AT NO	T WHILE WORK							
	23.	tify that I h	eld on I	ngulry [	_	[Fa]	utopsy 🔲	and that	t on this	s basis.	death In my	oninlan		
		ted from: N		CON				Homicide _	_		ned monner	_		
	16301	Tour Home T	7 /		)	3010	146	CHIEF MEDI				_		
	ACTUAL		leals		0	I got "	D AS	SISTANT MED			<b>I</b>		DATE SIG	NED
	SIGNAT		harles	9 9	pri	ngate, M.D.	AS	SOCIATE MED	ICAL EXA	AMINER	Tanua	2 may 1	1970	
L	NAME (	lype)		D e D										
RE	A. BURIAL CRE MOVAL (Spec Burial		1/5/70			t. Stanisla			24D, LC	CATION	(City, town,			and
I	A. DATE REC'D	BY HEALTH				OF REGISTRAR	250	. FUNERAL D			IA	DDRESS		
	JAN 5	M.	(Roberts	E. War	384	Charles .	J	ohn J. I	Duda,	2829	Hudson	St. I	Balto.	Md.
V5	151-REV. 1/1/6	В		1 9	6	9 ()	1							

John Toll . The state of the s 1/3/20 ... Ill. Statistand Constant , Mage 7, berg, migulation of , william, we

This certificate must be approved by the chief medical examiner or his assistant it death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.	
--	---	--	--	---	---	--

1	69 13086 CERTIFICATE OF DEATH Registered No. 69 13086										
BIR M.	TH NO.				TE OF DEAT	H Registered Na	. 69 13086				
l.N (Ty	pe or Print)	HATLLE	es Gre	REASON		12 30 6	9 1145 p M				
٥.	PLACE OF DEATH IN	BALTIMUKE, MA	KILAND			(Where deceased lived. If					
	FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital oddress or locatio	or institution	n, give street	Maryland	Baltimo	ore 330				
		11100	10	HOSPITAL	Soulto	Dundalk					
4		LITND (		*	D. STREET ADDRESS 710 Wise	(If rurol, give location)  Ayenue	2.4				
5.	SEX 6. RA		7. MARRIE	D, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.				
		nite	Wi	dowed	1/6/99	Tost birthdoy)	Months Doys Hours Min.				
	LUSUAL OCCUPATION during most of working		10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State o	r foreign country)	12. CITIZEN OF WHAT COUNTRY?				
	Tavern Ope		Ta	vern	Maryland		U.S.A.				
13.	FATHER'S NAME		-		14. MOTHER'S MAIDEN	NAME					
	Thomas 1	O. Greason			Louisa Ev	erhardt					
15.	Was Deceased Ever	n U. S. Armed For	cos?	1 6. SOCIAL	17. INFORMANT Daughter: ADDRESS						
цте	s, no or unknown) (If ye	s, give woi oi dote	s of Service	A216-10-2111	Mrs. Viole		Wise Avenue dalk, Md. 21222				
	18. 436	.91		CAUSE OF			INTERVAL BETWEEN ONSET AND DEATH				
		CONDITION DI	RECTLY		moer A	1 11 -	krivscherosis				
	(This does not me		dvina. e.	(A) DUE TO	-6145 BA- 11	C INTON	6070				
	heart failure, asthe	nio, etc. It means	the diseas	е,	- 12 - 1.	- 1 h	(b) - 11.0 - 0 1				
		CEDENT CAUSES		(B)	rvercu	220 /11	12 rescurosis				
				DUE 10	,		, ,				
		ove couse (A)			umic	of fruc	hu howy				
	UNDERLYING CO	NDITION lost.		<u> </u>	Dick	e, e					
ATION	OTHER SIGNIFICAN TO THE DEATH DISEASE OR CONE	BUT NOT RELA	TED TO	NG THE							
CERTIFICA	19 A. DATE OF OPER		DITION FO	WHICH OPERATION	20A. AUTOPSY? (Yes		E FINDINGS CONSIDERED AUSES OF DEATH?				
CAL CE	21A. ACCIDENT WAOR CONTRIBUTING DEATH (notify medic	CAUSE OF	_   H	1B. PLACE OF INJURY (e.g., in ome, form, foctory, street, off tc.)	or obout 21 C. WHERE D	tD (If in Boltime	ore City, give exact locotion)				
EDIO		th) (Doy) (Year)	(Hour) 2	E INJURY OCCURRED	21F. HOW DIE	NJURY OCCUR?					
Z	(APPROX.)			While At Not While At Work							
	22. I certify that	(I) (this bosnito			12/05	10/09 - 1	2/30 1009				
	that (I) (we) last				19 6 9 00		pinian death accurred on the date				
				1	1		printed decorred on the date				
	23A. SIGNATULE	The causes sta	rea abave.	(I) (We) (did) (dld nat) v	lew the bady after de	ain.	23 B. DATE SIGNED				
	Cu	nome (	+	M.D. Atte	nding Med. Director	Stoff Phys.	12 30/69				
	23C. PHYSICIAN'S NAME (Type & NILL QUE, A. M.D. \$27 Circle a au,										
24/	BURIAL CREMATIC	N, 24B, DATE	24C.	NAME of CEMETERY or CRE	MATORY 2	4D. LOCATION	City, town, or county) (State)				
	Burial	1/3/70	D	7 At. M	0 1	D 7 A:					
25/	A. DATE REC'D BY H		De	1 Air Memorial	Gardens 25C FUNERAL DIRE	Bel Air, Ma	ADDRESS				
	IAN 5 1971	Robert E		ARD O O	John J. D	uda 7922 Wise Dundalk,	Ave.				
VS	150-REV. 1/1/65		7	0 7 11 11	10 0 7	- Dundark	134.0 64666				

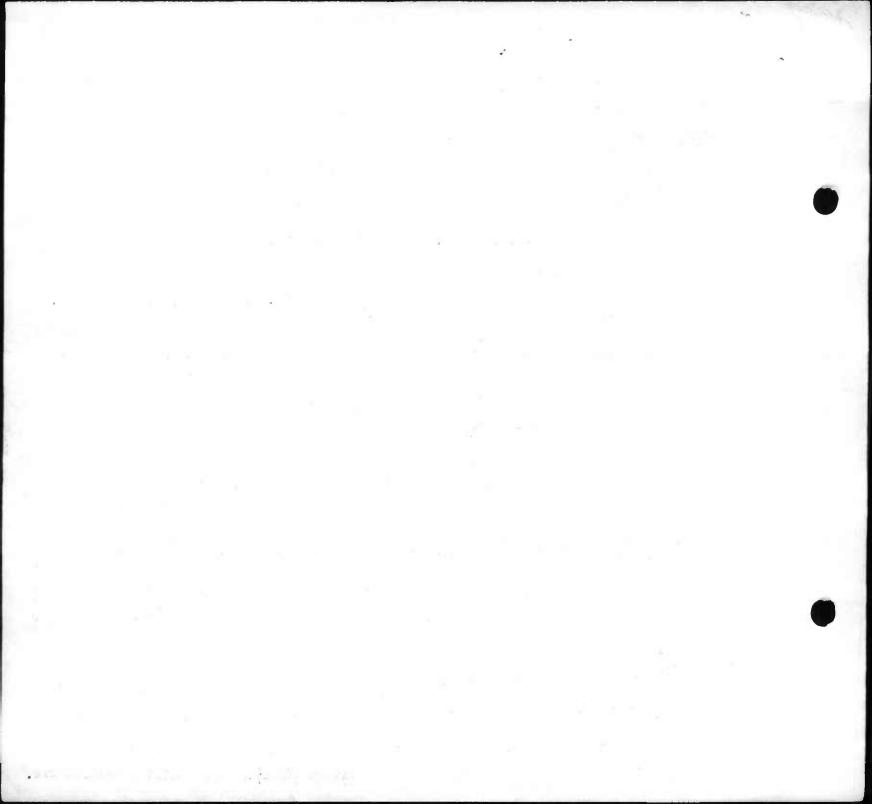


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

	BIR	B-526 69 1	3087		HEALTH DEPARTMENT	X REG. NO	69 13087				
		Pe or Print) CATHERINE		BUNGER	2. DATE	AND HOUR OF DEATH	69 1 3 1 00 A.				
	3.	PLACE IN BALTIMORE, MARYLAND, WH	IERE PRONO	UNCED DEAD	4. U SUAL RESIDENCE (WI	nere deceased lived, il ins	y M.				
	HC	LL NAME OF (IF NOT IN HOSPITAL DEPARTMENT OF ADDRESS OR LOCATED OF THE PROPERTY OF THE PROPERT	C OR INSTITUTION)	UTION, GIVE STREET	Maryland c, city or town		DE CITY LIMITS?				
	3	CHURCH HOI	NE A	AND HOSP,	Dundalk  E. STREET AND NUMBER		YES NO				
	5. 5	BALTO, MD			1905 Jackso						
		Female White	NEVER MARRIED DIVORCED	8, 10,07	9. AGE (in years lost birthday) 62	Months Doys Hours Min.					
	don	. USUAL OCCUPATION (Give kind of work): e during most of working life, even if retired)	OB, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or lo Maryland	reign countryl	AMERICA (USA				
	_	FATHER'S NAME			14. MOTHER'S MAIDEN N	AME	14.116151 CAY (02)				
		Valentine Phillips	9		Anna Fisher						
	15. Yes	Was Deceased Ever in U. S. Armed Force i, no or unknown) (If yes, give war ar dates	s? ol servicel	1 6, SOCIAL SECURITY NO.	17. INFORMANT Husba	nd:	Jackson Road				
		No		215-24-4051	Mr. George Bun		1k, Md, 21222				
		18. / 5 7 9 1		CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
		DISEASE OR CONDITION DIRE LEADING TO DEATH	RIES Z YRC								
		1This does not mean the made of d heart failure, asthenia, etc. It means the	lying, e.g.,	(A) IMMEDIATE CAU	A CONSEQUENCE OF:	D SECONDA	5 7 8 5				
		injury ar camplication which caused d	leath.)			0.11					
		ANTECEDENT CAUSES		(B) CARCI	NOMAOFT	HE PANCRE	EAS 5 Y125				
		DISEASES OR CONDITIONS, if an rise to the above cause (A) s UNDERLYING CONDITION tost.	loting the	(C)	A CONSEQUENCE OF:						
		11		( )							
	TION	OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED TO THE									
	U	DISEASE OR CONDITION GIVEN IN PART	TION FOR V		20A. AUTOPSY? (Yes or h		INDINGS CONSIDERED				
4	CERTIFI	543 YRS AGO WAS PERFO	ANCR	ARCINOMA OF	110	IN CERTIFYING CAU	SES OF DEATH?				
		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	lo lom	e, form, loctory, street, all	or about 21 C. WHERE DID ince bldg., INJURY OCCUR?	(If in Boltimore	City, give exoct location)				
	MEDI	21 D. TIME (Month) (Doy) (Year) OF INJURY		INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?					
		(APPROX.)	Wor				7 - 4 0 -				
		22. I certify that (1) (this hospital) that (1) (we) last saw the deceased		Dec. 3151	12/22/ 1969 and	1969 to 12	31/1969 Ian death accurred an the date				
		and haur and fram the causes stated		(We) (dld) (dld nat) vi			idil pedili accorred du tue date				
		23A. SIGNATURE					23B, DATE SIGNED				
		47		DEGREE Phys.		Staff Phys.	DEC. 315 1969				
		23C. PHYSICIAN'S NAME (Type) DO A F	A 2A		3D. ADDRESS CHURCI		HOSPITAL				
	24A	BURIAL CREMATION, 24B. DATE		ME of CEMETERY OF CRE		21231	, town, or county) (Stotel				
		Burial 1/2/70		dens of Faith		Baltimore, Ma					
	25A	DATE REC'D BY HEALTH DEPT. 2		FREGISTRAR	25C. FUNERAL DIRECTO	P	ADDRESS				
- 1	VS	ISO-BEV-1/1/68	19	0 7 0	John Duds	AACE MIZE W	ve. Dundalk, Md.				

•	f death occurred in a hospital and ct or contributing cause of death ) Undetermined cause; (5) Deceased was in regular attendance on the he deceased prior to death. Such osition is made.
F	disp
TAI	kind kind deat ce o
OC	s ass any ced adan
<u>₹</u>	Also Also o of noun atte
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decedsed was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	This certificate must the body was release shows: (1) An acciden was D.O.A. at a hosp deceased prior to dewritten approval must

E-540 BALTIMORE	E CITY HEALTH DEPARTMENT	
BIRTH NO. 69 13088 CERTIF	ICATE OF DEATH REG. NO	69 13088
(Type or Point)	2. DATE AND HOUR OF DEATH	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Whele deceased lived, If institution	14:45 Am
WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived If institution	: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION	MARYLAND	2.005
South Baltimore Gen. Hosp.	C. CITY OR TOWN D. INSIDE CITY  TO BALTIMORE  VESTI	7 -
43	E. STREET AND NUMBER	NO
7-2	2129 Eagle St.	
S. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Un	der 1 Yr. If Under 24 Hrs.
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR IND	1 4/5/22 117	The state of the s
done during most of working life, even if refired)		TIZEN OF WHAT COUNTRY?
A.D.M. C orp.		ISA.
	14. MOTHER'S MAIDEN NAME	
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	Helen Rose O'Hara	
tres, no or unknown till yes, give wor or dates of service SECURITY ND.	17. INFORMANT Mrs. Alma Hands, 2139	ADDRESS Eagle St.
Yes WW II 220-05-0	672 ralient	SAM C
DISEASE OR CONDITION DIRECTLY	DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	1 days	
IThis does not mean the made of dying, e.g. (A) IMMEDIAT heart failure, asthenia, etc. 11 means the disease,	RECAUSE DELERIUM TREMENS  OR AS A CONSEQUENCE OF:	6 4493
injury or complication which caused death.)		maria
ANTECEDENT CAUSES	Lcoholism	many year
DISEASES OR CONDITIONS, it any, giving DUE TO, Co	OR AS A CONSEQUENCE OF:	
UNDERLYING CONDITION last.		
Z CHIERCICALE	T	2
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	cture left Femur	7 days
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDING	S CONSIDERED
WAS PERFORMED	IN CERTIFTING CAUSES OF	DEATH?
	e.g., in ar about 21 C. WHERE DID et, affice bidg., INJURY OCCUR? (II In Baltimare City, gl	ve exact location)
NOTIFIED STREET		
OF INJURY	The state of the s	
	while Is Slipped and fall or	PAVEMENT
22. I certify that (1) (this haspital) attended the deceased fram	12/25 1969 10 12/31	19 6 9
that (1) (we) last saw the deceased alive on 12/30	19 69 and that In(my) (aur) apthian dec	
and haur and from the causes stated above. (1) (We) (dld) (dld no	at) view the bady after death.	
Paralle 0	Attack to the second se	TE SIGNED
23C. PHYSICIAN'S QUICK M.D. GEGREE	Phys. Director Phys. 12/	31/69
NAME ITypel	23D. ADDRESS	//
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERS of	GREEN DOUTH PAITIMORE GEN.	HOSP.
REMOVAL ISpecifyl	tory, lown,	ar county) /
Burial 1/5/70 Baltimore Nati	onal Cemetery   Baltimore, Maryland	
JAN 5 1970 Result & Jankey 10.00 0		dmondson Ave.
VS 150-REV. 1/1/68		



W-123

## 69 1,3089 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	FY A MINIFR'S	CERTIFICATE	OF	DEATH
MILLICAL	FVVIII IFI O	CENTILICATE		VLAIII.

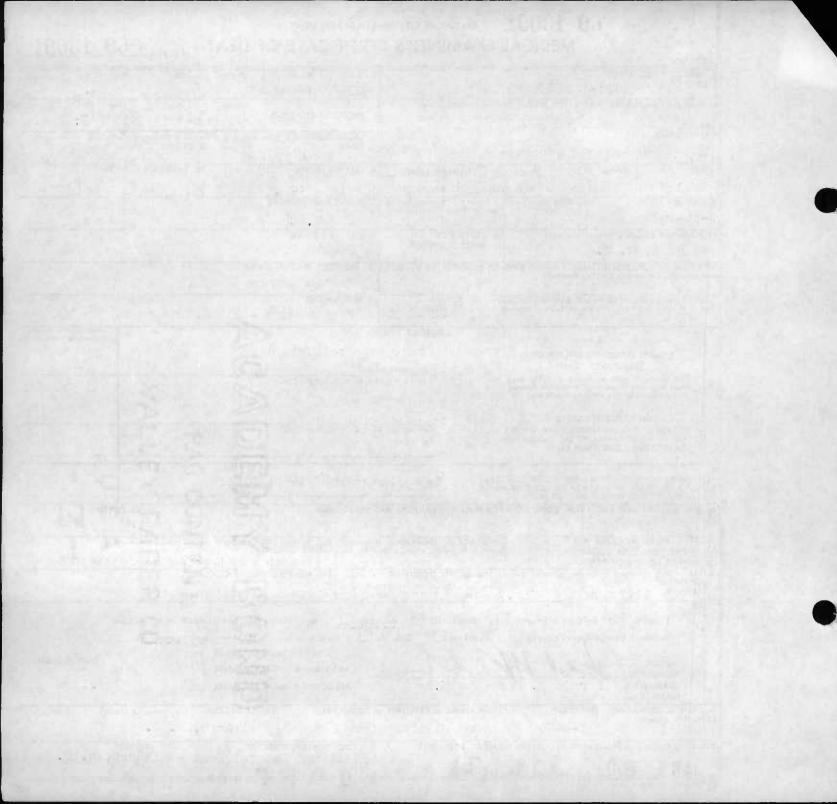
BIR	U-/23	3	MED	ICAL	. EX	AMINER'	S CE	RTIF	ICAT	E OF	DEA	TH R	EG. NO	69	1308	9_
1. 1	NAME OF DEC		rnetta	B. v	lebs	ter(Folder	AUEL 2.	DATE OF DEATH	Kno Esti	wn 🖪	Month		Doy	Yeor	Hnur	
FUL HOS	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION							PRON	OUNCED	DEAD	Month 12	30			Hour 10:00	M.
2	0 5	528 N.					Α.	STATE	Mary	yland	e decedse	B. Ce	OUNTY		70	3
6. 5	female	7. RACE Whit	e	WIDOV	VED 🗵					imore		D. II		ES A	NO 🗆	
9.6	ATE OF BIRTI	905	10. AGE (In lost birthdoy			ler 1 Yr. II Under 24		STREE		N. Co	ollin	gton	Ave.			
11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY? U.S.A.						13	. FATH	ER'S NAN			. B	051	EY			
	USUAL OCCU	orking lile, eve		T		LLERY	USTRY 15	P-res	HER'S MA	5.1	1-	MIN	いてに	R		
	WAS DECEAS	ED EVER IN L		FORCES	5?	7. SOCIAL SECURITY NO		- INFO	RMANT	Rb	tarta			DDRESS	the w	
	19. HISEAS	I E OR CONDI	TION DIREC	TLY		CAUSE OF	DEATH	-1	-4:-		+			BETY	PPROXIMATE IN WEEN ONSET AL	
	(This does n heart foilure	LEADING TO of meon the osthenio, etc. application which	mode of dyi	diseose,		(A) IMMEDI	ATE CAU	SE	otic (		ovasc	ular	uise	ase		
20	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)  DUE TO, OR AS A CONSEQUENCE OF:  (C)															
CERTIFICATION	TO THE DEA	IFICANT CON ATH BUT NOT CONDITION	RELATED TO 1	THE TERM	INAL	\$100 tills till till star star star star star star star star										***
	20A. DATE OF	OPERATION	20B. CON	IDITION	FOR W	HICH OPERATIO	N WAS	WAS PERFORMED 21. AUTOPSY? (Y						OPSY? (Yes o	r No)	
EDIC	UNDERLYING UTING CA		TRIB-		22B. Pt home,	ACE OF INJURY form, foctory, street	(e.g., In t, office bl	or obou dg., etc.	22C. WH	OCCUR?	(If In Bolti	more City	y, give exc	oct location)		
	OF INJURY (APPROX.)	(Month) (D	ay) (Yeor)	) (Hou		ELINIURY OCCUR	NOT WE	K _	22F. HO	WDIDIN	IJURY O	CCUR?				
		ify that I he ted from: No		nquiry [		Inspection X	Autopuicide	-	Homicide	MEDICAL	Undeter EXAMINE	mined r	h In my monner [	_	DATE SIGN	IED
	EXAMIN NAME (T	er's We	rner U	. Sp:				Depu	ty Ch	iet Me	edica	I Exa			12/30/6	9
	BURIAL CREATION OF I	fy)	48. DATE	70	240	NAME of CEME	HILL	CREMA	EM.	24D.	LOCATIO	ON (		Ma	) (Stot	e)
25	AN 5 1		Cap E.	TRUE	AME	JE REGISTRAR		250	FUNER	1		<		DDRESS	deren	22
VS	151-REV, 1/1/68	3		1		9 0			H		1		100	94	4	

1		Y HEALTH DEPARTMENT 69 13090								
BIR	69 13090 CERTIFICA	ATE OF DEATH								
1. N	NAME OF DECEASED	QNO 2. DATE AND HOUR OF DEATH								
	ALBERT LAWRENCE SCHW	14. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)								
3. 1	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A, STATE B. COUNTY								
FU	ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?								
S	STITUTION	Baltimore YES P NO [								
1	Balto lity Hospital	E. STREET AND NUMBER								
		327 S. Clenton St.								
S	SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths; Days Hours; Min.								
4.1	WIDOWED DIVORCED	Sept. 12, 1904 65  (1), BIRTHPLACE (Stole or foreign country)  12. CITIZEN OF WHAT COUNTRY:								
	A. USUAL OCCUPATION (Give kind al work) 10B. KIND OF BUSINESS OR INDUSTRY ne during most al working life, even if retired)	md.								
4	11LLWRIGHT	14. MOTHER'S MAIDEN NAME								
3.	ALBERT SCHWEIGER IST									
-		ANNIG KELLNER								
Yes	Was Deceased Ever in U. S. Armed Forces? s,no or ynknown) (If yes, give war or dotes of service)  16. SOCIAL SECURITY NO.	304/								
		ALBERT L. SCHWEIGER Penewood au								
	18. 4 / 0 , 0   CAUSE OF DEAT	BETWEEN ONSET AND DEATH								
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CAI	use Come Hanton								
П		A CONSEQUENCE OF:								
	injury ar camplication which caused death.)	1 1 1 5 1 7 1								
	ANTECEDENT CAUSES (B) Hy 10	trace ATT. El CV								
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	S A CONSEQUENCE OF:								
	UNDERLYING CONDITION lost. (C)									
z	ANIES SIGNATURA NA CONTRIBUTANC									
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING I TO THE DEATH BUT NOT RELATED TO THE TERMINAL I OISEASE OR CONDITION GIVEN IN PART 1 (A).										
		20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?								
CERTIFIC										
	00 -001-01-01-01-01-01-01-01-01-01-01-01-01	in or about 21C. WHERE DID (If In Baltimore City, give exact facation) office bidge, INJURY OCCUR?								
5	The state of the s	OLE HOW DID INTHON OCCUPA								
MEC	OF INJURY	21F. HOW DID INJURY OCCUR?								
	(APPROX.) Work L. At Work									
	22. I certify that (I) (this haspital) attended the deceased from	12/23 19 6 to 5/29 19 67								
	that (1) (we) lost sow the deceased alive on									
	ond hour ond from the couses stoted obove, (1) (We) (did) (did not)	view the body after deoth.    238. DATE SIGNED								
	1/4 / Am	rending Med. Staff								
	23 C. PHYSICIAN'S NAME (Type)	ys. Director Phys.   1								
	// (a == n ==	9 3 (Inten ( ac								
24A	A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CR									
	REMOVAL (Specify) Busials 1-5-70 Oak Law	on Baltimore Md.								
25A	A. DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR								
6.	JAN 5 1970 Robus E Jakon (MA) C )	Thelman Hoffman 3218 Herelson Se								
1/5	150~REV. 1/1/6B									

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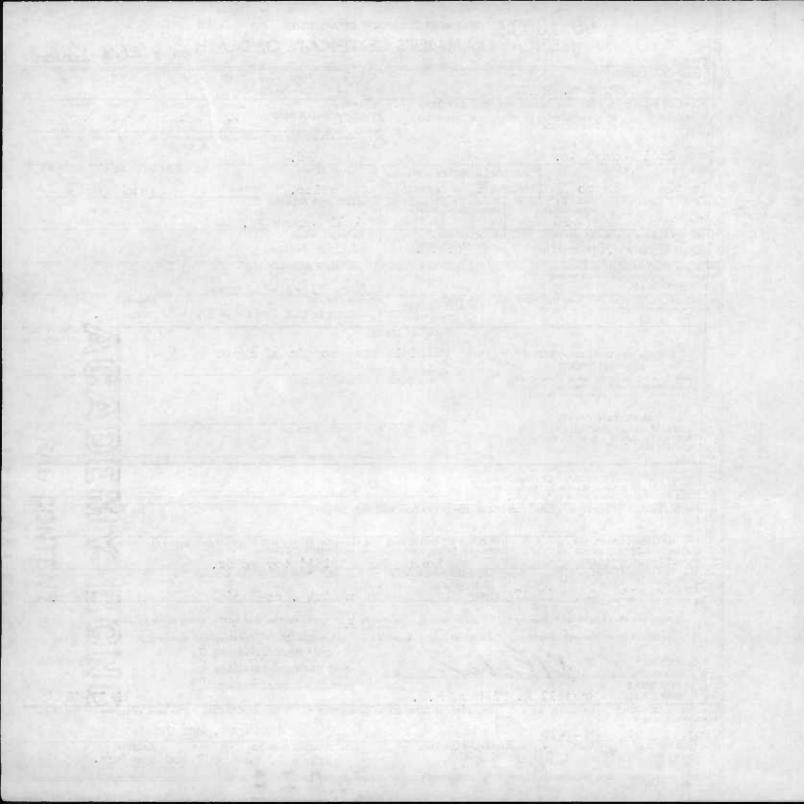
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4	-355	5 6	MFD		E	BALTIMORE CITY HE			OF	DEAT	'H	69	12001
BIRT	H NO.		74120	ICAL		AAMII TEK 5		CAIL	Oi	DLAI	REG. NO	00	70037
1. N	AME OF DEC	EASED					2. DATE	Known		Month	Doy	Year	Hnur
(Type	ar Print)	HERM	AN PIT	TMAN			OF DEATH	Estimate	ed 🗔				
4. P	LACE IN BAL	IMORE, M.	ARYLAND, W	HERE PR	ONO	DUNCED DEAD	3. DATE			Manth	Day	Year	Hour
FULL HOS	NAME OF PITAL NSTITUTION	(IF NO	OT IN HOSPITA	LORINS	TITUTI	ON, GIVE STREET		UNCED DE			mber 30		7:30 A.
2	1	a manu	TMG 1100	TOTAL:			A. STATE				B. COUNTY	n: residence i	perare admission)
4 6			INS HOS						ylar	nd	To minimum		001
6. SI		7. RACE				NEVER MARRIED	C. CITY OF				D. INSIDE C	ITY LIMITS?	
	Male		gro	WIDOW				imore			Y	ES .	NO O
	ATE OF BIRTH	•	10. AGE (In	years y)	Mani	nder I Yr. If Under 24 Hrs. ths , Doys , Hours , Min.	E. STREET						
	30-1925			44				E. Ch	ase	Stree	t		
1	IRTHPLACE (S		gn country)			CITIZEN OF VHAT COUNTRY?	13. FATHER						
W:	ithers,	N. C.			¥	VHAI COUNTRIT	Jon	ath Pi	ttma	an			
I4A.L	JSUAL OCCUI	ATION (Gi	ve kind of work	148. KIND	OF	BUSINESS OR INDUSTRY	15. MOTHE	R'S MAIDE	NNA	WE			
, and	aoring most or w	dixing me, e	ven memecy				Fan	nie Ba	mes	5			
16. V	VAS DECEASE	D EVER IN	U.S. ARMED	FORCES	?	17. SOCIAL	18. INFOR	TAN			A	DDRESS	
(Yes,	na or unknown)	(If yes, give	wor or dales	of service	)	217-22-0210	Fan	nie Du	nn -	- 833	E. Chase	st.	
11	9.	0-0-5	7			CAUSE OF DEA	TH					AF	PROXIMATE INTERVAL
	1-7	0 1	\					T				BETW	EEN ONSET AND DEA
		OR CONE	DITION DIREC	CTLY		Cranio	erebra	I Inju	ries	3			
			made of dy	ing ag		(A)IMMEDIATE C							
	heart lailure,	asthenia, et	c. It means the	diseose,		DUE TO, OR A	S A CONSEG	UENCE OF:					
NO		R CONDITI ABOVE CA G CONDIT	ONS, IF ANY	, GIVING ING THE		(B) DUE TO, OR	AS A CONSE	QUENCE OI	f:				
CERTIFICATION	TO THE DEA	TH BUT NO	II NDITIONS CO TRELATED TO I GIVEN IN PA	THE TERM	INAL	Fatty Me	tamorp	hosis	of I	Liver			
2	OA. DATE OF	OPERATIO	N 208. CON	NOITION	FOR	WHICH OPERATION WA	S PERFORM	NED				21. AUTO	PSY? (Yes or No)
O	2												yes
2 1	JNDERLYING		ITRIB-		228. F	PLACE OF INJURY (e.g., farm, factory, street, office	bldg., etc.)	NJURY OC	CUR?			1	002
	UTING L CAL			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	V 100	Street		Aisqui	th a	and Ea	ger Stre	eets /	
	OF INJURY	manin) (i	Day) (Year	) (Haur	.	ZE.INJURY OCCURRED	WALLE 2						
		2-23-6	9	Unk.	m. W	ORK AT W	WHILE S	Subjec	t fo	ound o	n stree	t	
2	3. I certi	fy that I h	reld on la	nquiry [		Inspection Au	opsy 🗵	ond tha	t on th	ils basis,	death in my	opinion	
	result	ed from:	Atural caus	ses 🗌	A	celdent Sulcid	• 🗆 Ho	miclde [	] 1	Undetermi	ned manner	x	
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	SIGNATU		onald N	I Vo	rnh	lum, M.D.						12/	31/69
	NAME (T		onard r	· NO	LIID	Tun, ri.D.	ASSC	CIATE MED	ICAL E	XAMINER		14/	31/09
	BURIAL CREN	ATION,	24B. DATE		240	C. NAME of CEMETERY	or CREMATO	RY	24D.	LOCATION	(City, tow	n. or county)	(State)
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69 42000 RAITIMODE CITY HEALTH DEDARTMENT

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1	urial		1-3-70		-	name M	ome	-1 D-	-1-		La	irel	Maryla	nd			
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0 Such death Decease hospital a, E 0 of attendance (2) cause (4) Undetermined cause; 5 0 prior contributing occurred is made. regular eceased sposition 2 0 ਰ M ds the death 0 70 kind; final attendance any pronounced fracture of ular E who 0 9 are = physician the remains of any nature; (2) Body burns; No physician was the 0 where he body was released to the hospital btained 9 (except and 0 hospital eath) must shows: (1) An accident ō 0 approval 0 prior at D.O.A.

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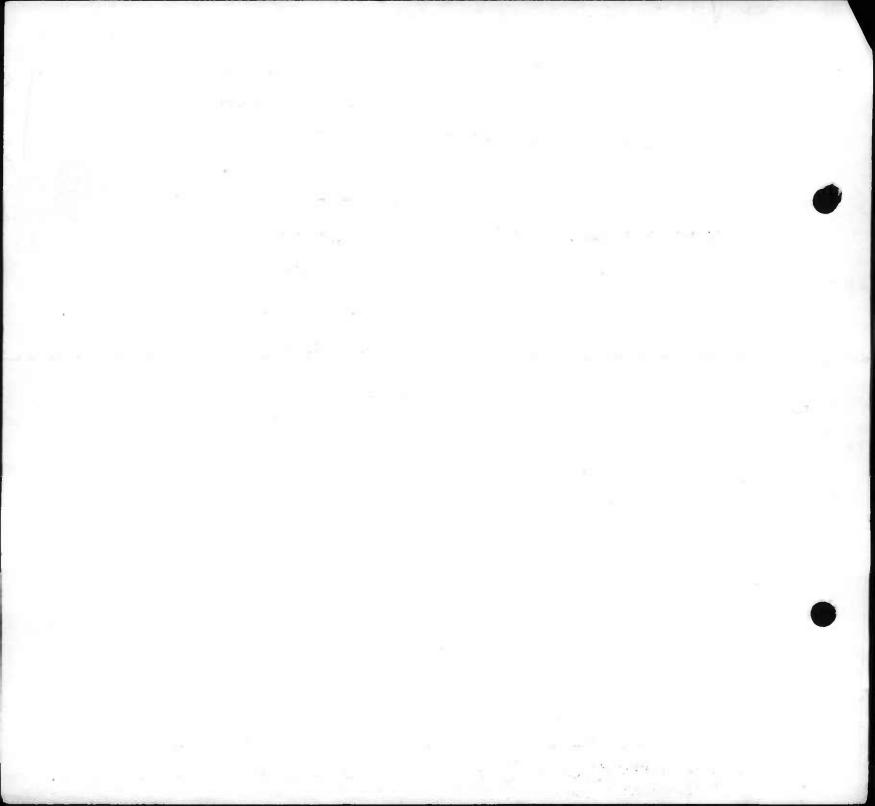
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH 4. USUAL RESIDENCE (Where deceased lived. Il institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Md FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS? Baltimore YES X NO T E. STREET AND NUMBER 2717 Classen Ave. 5. SEX 8. DATE OF BIRTH MARRIED NEVER MARRIED 9. AGE (In years If Under 1 Yr. Months! Doys If Under 24 Hrs. lost birthdoy Hours WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) MAW HOTEL USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Heathert pallie 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give war or doles of service) 6. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. No 243-32-5709 Mrs. Nancy Wheeler 1420 Amsterdam Ave. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, osthenio, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if any, rise to the above couse (A) stoling the UNDERLYING CONDITION Jost Garton enteritio old age OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 198 CONDITION FOR WHICH OPERATION WAS PERFORMED 19A. DATE OF OPERATION 20A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. FLACE OF INJURY (e.g., in or obout 21C, WHERE DID home, farm, foctory, street, office bldg., INJURY OCCUR? (if In Boltimore City, give exact location) MEDICAL DEATH (notily medical examined 21 D. TIME OF INJURY (Month) (Doy) (Yearl (Houd 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While At (APPROX.) 22. I certify that (i) (this hospital) attended the deceased from that (i) (we) last saw the deceased alive on. ond that In (my) (our) opinion death occurred on the date and hour and from the causes stated above. (1) (We) (did) did not) view the body after death. 23A. SIGNATURE Attending \_\_\_ Staff Director \_\_\_ Phys. 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 24A. BURIAL CREMATION, REMOVAL (Specify) 24C. NAME OF CEMETERY OF CREMATORY 24B DATE 24D. LOCATION (City, town, or county) Fercliff Cemetery New York, New York 25C. FUNERAL DIRECTOR ADDRESS Funeral Home 3035 W. North Avenue VS 150-REV. 1/1/68

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

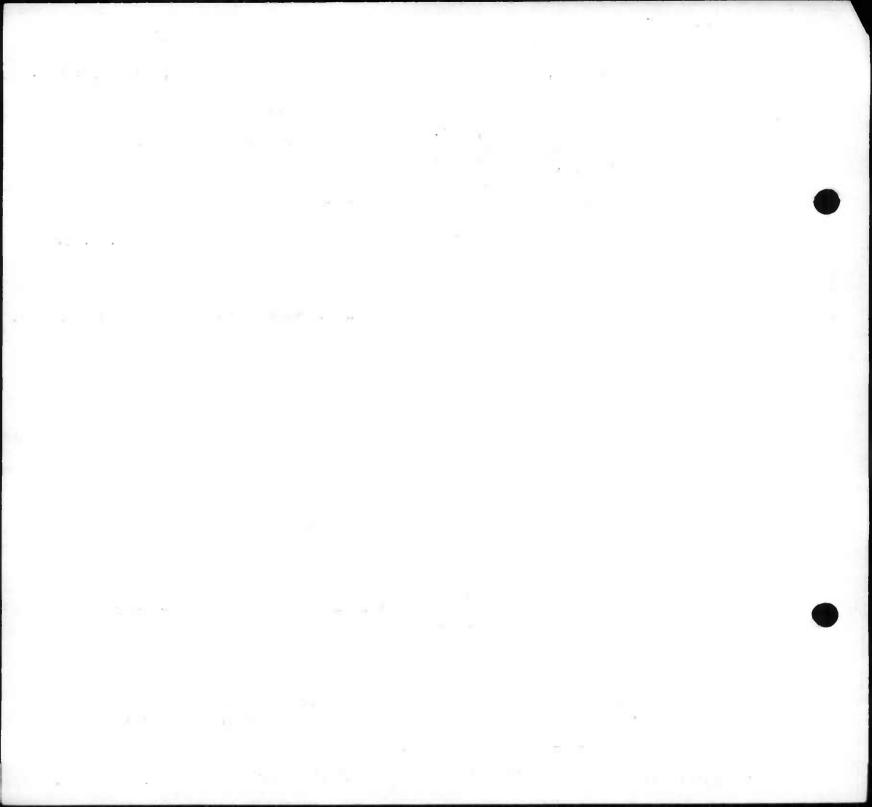
1	M-634 69 1309	*	TE OF DEATH	REG. NO	69 13094
1.1	ITH NO. NAME OF DECEASED Pe or Print! HARRIET HAR		2. DATE AN	ID HOUR OF DEATH	17:49 4.
-				24/64	, , V
FU	PLACE IN BALTIMORE, MARYLAND, WHERE PRINCE IN THE PRINCE IN THE PRINCE IN THE PRINCE PRINCE IN THE P		A. STATE B. COUN	re deceased lived. If ins	stitution: residence before admission
IN	NOITUTION		C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
ì	SINAL HOSP. OF E	BALTO	Baltimore		YES X NO
	42		8816 Chathan	m Pd	
5.	SEX   6. RACE   7. MADE			9. AGE (in years	
	F NEGRO WIDON	RIED NEVER MARRIED DIVORCED X	3-30-20	lost birthdoy)	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
10/	LUSUAL OCCUPATION (Give kind of work 10B. KIN)		11. BIRTHPLACE (State or forei	gn country!	12. CITIZEN OF WHAT COUNTRY
	istological Tech.	niversity of Md	MD, Middletown	n	USA
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME	
	Houston R. Jackson		Marion Jo	ohnson	
15. (Ye	Was Deceased Ever in U.S. Armed Forces? s,no or unknown) (If yes, give wor ar dotes of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No		Dr. Houston R.	Jackson 565	Prestman St.
	18. 4 10,01	CAUSE OF DEAT			APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY		SE feute HI	- + Ton	BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A) IMMEDIATE CAL	ISE	March	may > ms
	(This does not mean the made of dying, heart loilure, asthenia, etc. It means the dise	e.g., DIJETO OP AS	A CONSEQUENCE OF:	<del></del>	*********
	injury at camplication which caused death.		ASEUD		17 yes.
	ANTECEDENT CAUSES		, -		///
	DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:		
	rise to the abave cause (A) stoting UNDERLYING CONDITION last.	(c)			
	- 11	\\\/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
TION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMIN	NG NAL			
2	DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208 IF YES WERE F	INDINGS CONSIDERED
ERTIFIC	WAS PERFORMED		YES	IN CERTIFYING CAU	SES OF DEATH?
ICAL C	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B PLACE OF INJURY (e.g., i home, farm, foctory, street, al etc.)	n or obout 21 C. WHERE DID fice bidg., INJURY OCCUR?	(If In Boltimore	City, give exoct location)
1ED!	21D-TIME (Month! (Doyl IYea) (Hour) OF INJURY	21E INJURY OCCURRED	21F. HOW DID INJU	URY OCCUR?	
3	(APPROX.)	While At Work Not While At Work	• 🗆		
	22. I certify that (I) (this hospital) attend	ed the deceased from	C 24 1	0 69 to cle	0 24 10 69
	that (I) (we) last saw the deceased alive	10	24 19 69 and the	at in (my) (our) apin	ion deoth occurred on the dat
	and have and from the causes stoted obav	e. (1) (We) (did) (did not) v			
	23A. SIGNATURE	3 (33)			23B, DATE SIGNED
	Et Lutton	1 Dhan	nding Med.	Staff Phys.	12-24-69
	23C. PHYSI CIAN'S NAME (Type)	DEGREE	23D. ADDRESS	rnys. «	12 24 61
	ELLA T. SUTTON		SINAI	HOSPITAL	
24/		DEGREE C. NAME OF CRE			, town, or countyl   IStatel
E	Surial 12-29-69	Mt Zion Cemeter		timore Co.,	Maryland
	DATE ALCO BY HEALTH DEPT. 208 THAT	ME-OF-REGISTRAR	, 25G-FUNERAL DIRECTOR		ADDRESS
11	N 5 1970 Paleal E. Jarba	" WED" A			W. North Ave.
VS	150-REV. 1/1/68				



### IMPORTANT FUNERAL DIRECTOR:

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CIT	Y HEALTH DEPARTMENT
BIRTH NO. 69 13095 CERTIFICA	
I. NAME OF DECEASED	
Hopkins, Millis	December 26, 1969 10:20 a.m.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence belore admission) A. STATE B. COUNTY
FULL NAME OF UF NOT IN HOSPITAL OR INSTITUTION GIVE STREET	
HOSPITAL OR ADDRESS OR LOCATION)	Maryland /903
Provident Hospital, Inc.	Baltimore YES √ NO □
1514 Division Street	E. STREET AND NUMBER
Baltimore, Maryland 21217	516 Baker Street
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years If Under 1 Yr. If Under 24 Hrs.
Female Negro WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTR	9-27-24 45
done during most of working life, even if refired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Domestic Pvt Family	North Carolina U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Boston Tetterson	Eva Little
15. Wos Deceased Ever in U. S. Armed Forces?   16. SOCIAL   (Yos, no or unknown) (If yos, give wor or dotes of sorvice)   SECURITY NO.	17. INFORMANT ADDRESS
No	Mrs. Bertha Hamilton 321 14th Place N.E. Wash
18. 2 2 9 1 CAUSE OF DEA	H APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not meen the mode of dying, e.g., (A) IMMEDIATE CA	
heart foilure, astherio, etc. It means the disease, injury or complication which coused death.)	A CONSEQUENCE OF:
ANTECEDENT CAUSES	
	S A CONSEQUENCE OF:
II I was to the opote codes the stolling life	
UNDERLYING CONDITION lost, (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
19A DATE OF OPERATION WAS PERFORMED WAS PERFORMED	20A. AUTOPSY? (Yos of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A ACCIDENT WAS UNDERLYING 1 21B PLACE OF INVIEW (e.g.	No No
OR CONTRIBUTING CAUSE OF home, form, foctory, street, of DEATH (notify medical examines)	ffice bldg. INJURY OCCUR?
21D-TIME (Month) (Doy) (Yoor) (Hour) 21E INJURY OCCURRED OF INJURY While At T Not Whi	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Not White At Work	
22. I certify that (I) (this haspital) attended the deceased from	12-24-69 19 to 12-26-69 19
that (1) (we) lost sow the deceased alive on 12-26-69	ond that in(my) (our) opinion death occurred on the date
ond hour and from the couses stated above. (1) (We) (did) (did not)	view the body after death.
23A, SIGNATURE	23B, DATE SIGNED
DEGREE	anding Med. Staff 2 12-26-69
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS 1514 Division Street
Dr. Jules	Provident Hospital, Baltimore, Maryland
REMOVAL (Specify) 248. DATE 24C. NAME of CEMETERY of CR	EMATORY 24D. LOCATION (City, town, or county) (Stote)
Burial 12-31-69 Mt Auburn Cem.	Baltimore Md
25A. DATE REC'D BY HEALTH DEPT. 2 24 NS AE CHARGISTRAR	25C. FUNERAL DIRECTOR ADDRESS

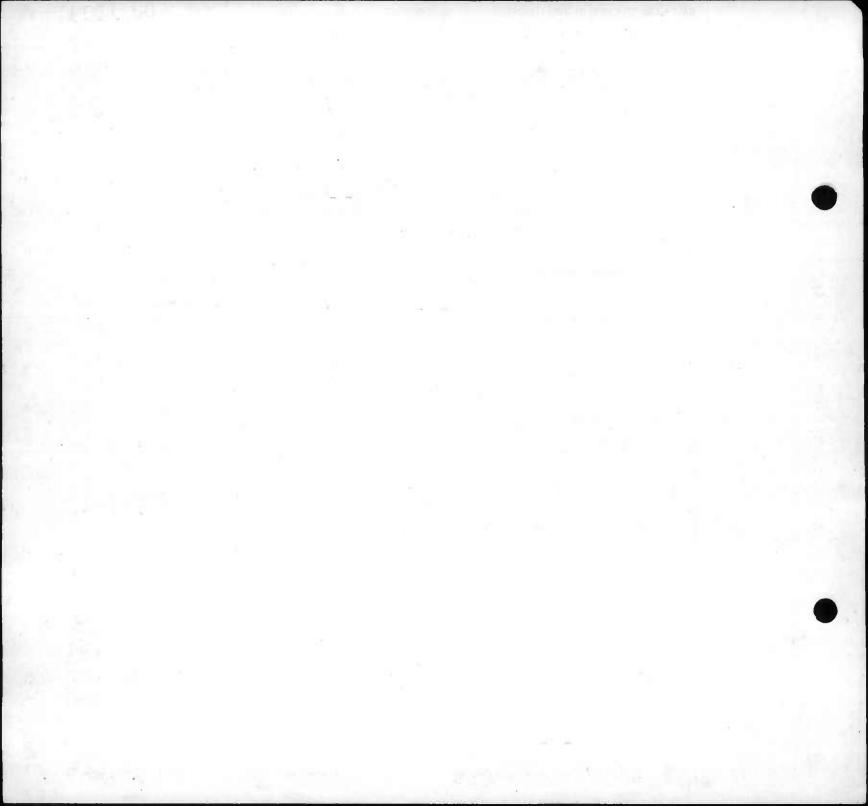


### IMPORTANT DIRECTOR: FUNERAL

Such death Deceased UO hospital death. attendance (2) cause 10 ō prior contributing etermined regular BE deceased 2 isposition Dud SD the direct (4) 3 LO death T final attendance any 0 embalmed fracture proi Uar w ho 6 4 are 3 physician before the remains Was burns; physician the chief Body ō 2 ere hospital °Z nature; ¥ obtained 9 approved (except pup the any 0 death) hospital must was release 0 approval ō prior at An A deceased 0.0 the body shows: Was

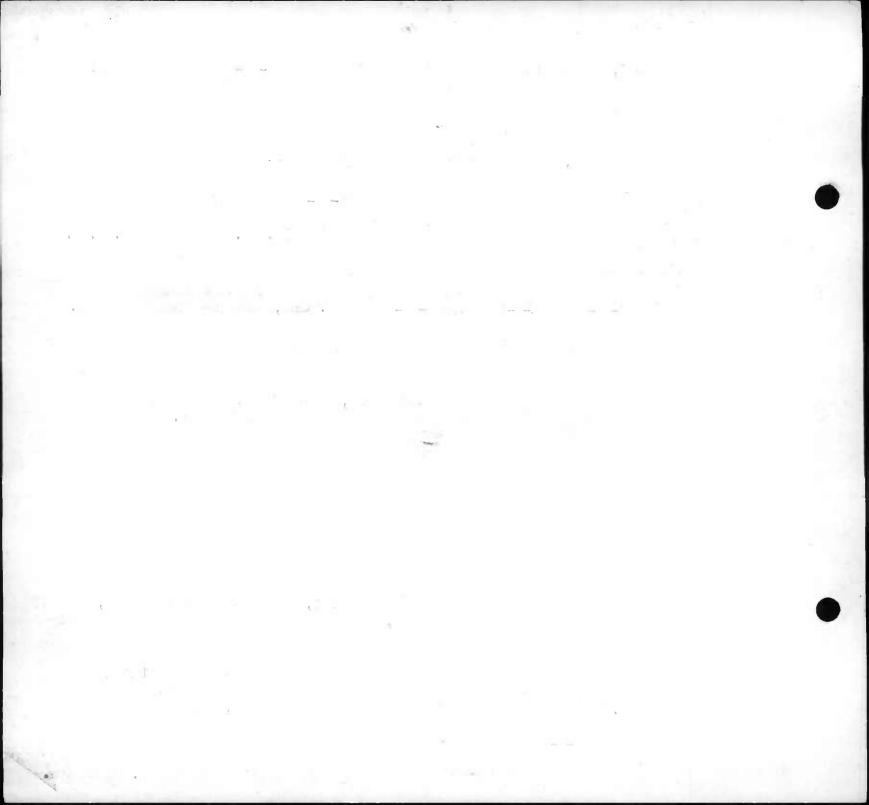
BALTIMORE CITY HEALTH DEPARTMENT 69 13096 CERTIFICATE OF DEATH REG. NO. 2. DATE AND HOUR OF DEATH LNAME OF DECEASED (Type or Print) Jones 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD A. STATE Md (IF NOT IN HOSPITAL. OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS YES NO DTHERAM E. STREET AND NUMBER 3406 Bate 9. AGE (In years 6. RACE If Under 1 Yr. If Under 24 Hrs. 7. MARRIED NEVER MARRIED lost birthdoy Months: Doys Hours WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign Country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA Mt Calvary Clergy Home Cook 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Jones Mathilda 5. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. Mrs. Jacqueline Montague 3809 Bowers Ave. No 212-36-4253 CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., hearl failure, asthenia, etc. Il means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if ony, giving to the obove couse (A) stoting the UNDERLYING CONDITION Iosi, 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A) 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR? MEDICAL DEATH (notify medical examiner) 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21 F. HOW DID INJURY OCCUR? 21 E. INJURY OCCURRED Not While While At (APPROX.) Work At Work 22. I certify that (1) (this haspital) attended the deceased fram 19 that (1) (we) last saw the deceased alive an 19 ....and that in(my) (aur) apinian death accurred on the date and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED Attending [ Med. Staff Director Phys. 23 D. ADDRESS 23 C. PHYSICIAN'S NAME LTYPE GAM RR

24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily) 24C. NAME of CEMETERY OF Burial Baltimore Md 12-31-69 Mt Auburn Cemetery DATE REC'D BY HEALTH 25C. FUNERAL DIRECTOR ADDRESS Nutreer Funeral Home 3035 W. North Ave. V\$ 150-REV. 1/1/6B



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S	(Type or Print)
of death Of death Deceased e on the	LEE, Robert Hal
a hospital cause of d se; (5) Dece indance on to death.	3. PLACE IN BALTIMORE, MARYLAND, WHER
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in a hosping cause of cause; (5) De attendance ior to deat	HOSPITAL OR ADDRESS OR LOCATIO
se; se; to	Veterans Admini
d in a cause; attend	3900 Loch Rayen
d c d c	Baltimore, Mary
nt if death occurred in direct or contributing d; (4) Undetermined cauth was in regular attorn the deceased prior disposition is made.	5. SEX   6. RACE   7.
ath occurror contribution detection is made tion is made tion is made tion is made to the contribution to	
or onthe	Male Negro W
T C C	done during most of working life, even if retired)
ath or of in in dec	Laborer
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rect (4) U was the ispos	Marris Mathern
lire h His	Morris Mathews
ant di ath on I di	1 S. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of
oved by the chief medical examiner or his assistant if death occurred e hospital by a medical examiner. Also, if the direct or contributiny nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cycept where the physician who pronounced death was in regular and (6) No physician was in regular attendance on the deceased printained before the remains are embalmed or final disposition is made.	Yes 10-27-17 to 6-
ass if t my my ad dan or fi	118.
any ced nda	DISEASE OR CONDITION DIREC
ner or his as er. Also, if cture of any pronounced lar attenda	LEADING TO DEATH
Pa Sa E	(This does not mean the mode of dy
ctu ctu pro pro	heart failure, osthenio, etc. It means the injury or complication which coused dec
TE G G E	
l examiner or examiner. A examiner. A (3) A fracture n who prono in regular at s are embalm	ANTECEDENT CAUSES
xam cami A fr who reg	DISEASES OR CONDITIONS, if any
(3) (3)	rise to the above cause (A) sta UNDERLYING CONDITION last,
edical dical dical rrns; (; sician was ii mains	
chief medical  a medical  Body burns;  the physician was  e the remair	OTHER SIGNIFICANT CONDITIONS CONTR
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TE Y C.D.O	DISEASE OR CONDITION GIVEN IN PART 1
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red + be	U 21A. ACCIDENT WAS UNDERLYING
the child by (2) Beere the ophyselecter	OR CONTRIBUTING CAUSE OF
by the pital bure; (2) where No pt	DEATH (notify medical examine)
ved by the cl hospital by nature; (2) B ept where the cl d (6) No phy	21D.TIME (Month) (Doy) (Year) (H
atu atu (6)	OF INJURY (APPROX.)
roved ne hos y natu xcept ind (6) btaine	
	22. I certify that 10 (this haspital) o
to to of a log of a l	that (N (we) lost sow the deceased a
nust be a leased to cident of hospital to death)	and hour and from the couses stated
st be ased dent deatl must	23A. SIGNATURE
lea hos o d	11 11 14 11
icate must be a was released to An accident of L at a hospital prior to death)	23C PHYSICIANS
as r n a at rior	23C. PHYSICIAN'S NAME (Type)
rificate my was rely was rely.  (1) An acc.  (2.A. at a lot a lot be prior to approval	MICHAEL G. HAYES
_ Q U	24A. BURIAL CREMATION, 248. DATE
ody s: (1 D.O.	Burial 1-2-70
This certif the body shows: (1) was D.O., deceased	25A. DATE REC'D BY HEALTH DEPT.
This the show was dece	INN 5 MM Pasul E. Va
-+ 0 20 3	MIND BUT ACCOUNTS SO 100

1	000	1	2000	BALTIMORE CITY	HEALTH DEPARTMENT		69 13097
1	-000	69 :	13097	CERTIFICA	TE OF DEATH	REG. NO	00 10037
	TH NO.	4.000		CERTIFICA			
	AME OF DECE					AND HOUR OF DEATH	
		EE, Robert H				-28-69	nstitution; residence before odmission)
3. 1	PLACE IN BALT	IMORE, MARYLAND, W	HERE PRONO	UNCED DEAD		DUNTY	nstitution; residence before oumission/
FUI	LL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	UTION, GIVE STREET	Maryland		1601
INS	SPITAL OR	ADDRESS OR LOC		ion Vocaital	C. CITY OR TOWN	D. INS	SIDE CITY LIMITS?
				ion Hospital	Baltimore		YES NO
0		900 Loch Ray			E. STREET AND NUMBE		
	E	altimore, Ma	iryland	21218	1109 Winche	ster Street	
5. S	EX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	Months: Days Hours Min.
M	ale	Negro	WIDOWED	DIVORCED	11-26-95	74	
			k 10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or		12. CITIZEN OF WHAT COUNTRY
		orking life, even if retired)	Carlotte PT		Mathews Co.	Va.	U. S. A.
	aborer		12		14. MOTHER'S MAIDEN		0 * D * A *
-	orris Ma				Laura Hall		
IS. V	Was Deceosed	Ever in U. S. Armed Fo (If yes, give wor or dote	rces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	100 1100	ADDRESS
	es	10-27-17 to		217-03-87-40	Mrs. Ossie	Williams 25	1 Robert St.
	18. // -	2 9 1	- / 1/	CAUSE OF DEAT		6	APPROXIMATE INTERVAL
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		LEADING TO DEATH		(A) IMMEDIATE CAL	PNEUMON IA		
		I meen the mode of		DUE TO, OR AS	A CONSEQUENCE OF:		
		osthenio, etc. Il means plication which coused					
	A	NTECEDENT CAUSES	5	THROMBO	SIS, INTERNAL	CAROTID ARTE	RY
	DISEASES	R CONDITIONS, if	any giving		A CONSEQUENCE OF: U		
	rise to the	above cause (A)					
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ATION		CANTICONDITIONS CO					
AT	DISEASE OR CO	ONDITION GIVEN IN PAI	RT 1 (A)				
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0	OR CONTRIBU	T WAS UNDERLYING [TING CAUSE OF	hom	ne, form, foctory, street, o	n or obout 21C. WHERE DII ffice bldg., INJURY OCCUR	D (If in Baltimo !?	ore City, give exoct lacotion)
CAL	DEATH (notify	medical examiner	etc.	)			
0	21 D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F. HOW DID	INJURY OCCUR?	
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	AL. I CETTITY	thor MD (this paspito	i, orrended t	Describer Of	10.60	17 <u>U.Z1018 Q</u>	ember 28, 1969
							Inion deoth occurred an the dote
			ted above.	) (We) (did) (did) on	iew the body after dea	th.	
	23A. SIGNATUI	3E / / /	//				23 B. DATE SIGNED
	Me	chail 19 6	ages	UP DECOSE Phy	nding Med. S. Director	Staff Phys.	12/28/69
	23C. PHYSICIAI		1	- P. PEGKEEL	23D. ADDRESS 3900	Loch Raven B	
	NAME (Ty			MD		imore, Maryla	
24A		AATION, 248. DATE	24C. N	AME of CEMETERY OF CR			City, town, or county) (State)
	REMOVAL (S	pecify)					
	Burial	1-2-7		ltimore Nation		Baltimore	Md
25A	. DATE REC'D	BY HEALTH DEPT.	258. NAME-C	OF REGISTRAR	25C. FUNERAL DIREC	40.00	ADDRESS
10	No 18	1 Victiens &	April 1	No. of Contract of	! Nutter Fune	ral Home 303	35 W. North Ave.
VS	150-REV. 1/1/6	В	-				



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his certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital	ne body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of de	use; (5) Deced	vas D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on	to deoth. S		
ccurred	ntributing	mined ca	egular at	ised prio	made.	
if death o	ect or col	4) Undeter	was in r	the decec	position is	
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hief medi	a medica	<b>Body burns</b>	the physic	sician wa	nust be obtained before the remains are embalmed or final disposition is made.	
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vorden ec	d to the h	t of any n	ital (exce	ath); and	t be obtai	
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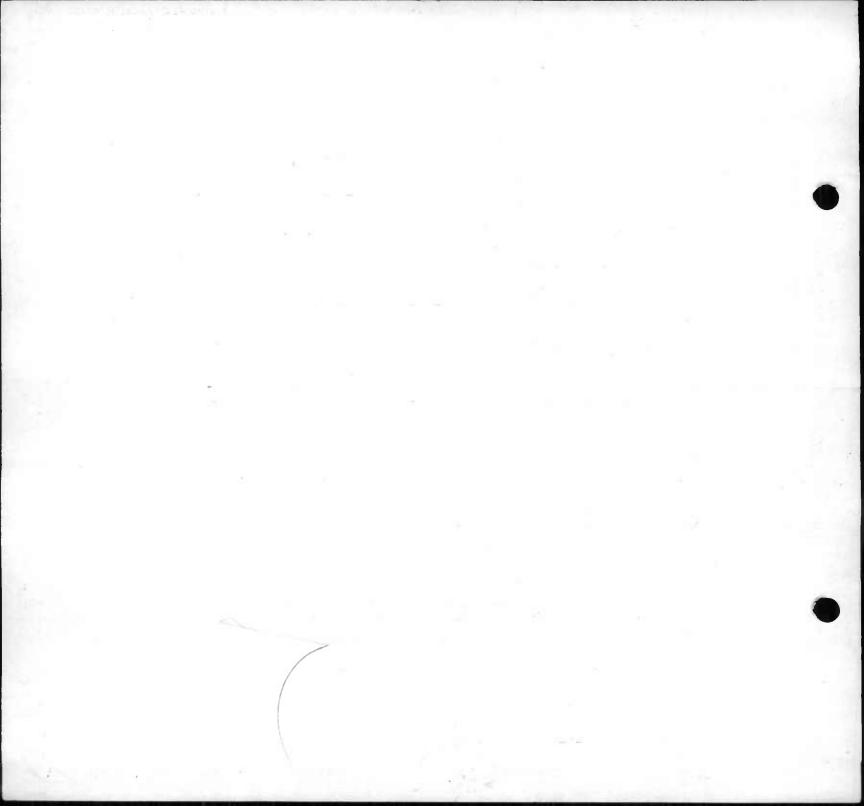
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 13098 I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH 530 (Type or Print) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE
B. COUNTY B. COUNTY FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Maryland HOSPITAL OR C. CITY OR TOWN INSTITUTION D. INSIDE CITY LIMITS? YES 🖳 NO E. STREET AND NUMBER 70 6. RACE 8. DATE OF SIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED □ If Under 1 Yi. If Und Months: Doys Hours If Under 24 Hrs. lost birthdoy WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign counts) 2. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Regal Laundry Laborer North Carolina USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Alton Shipman 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yos, give wer or dates of service) 6. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. No 200-18-4922 Miss Florince R. Shipman 807 Brice Street CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not meon the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart lailure, osthenio, etc. il meons the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, if any, giving rise to the obave cause (A) staling the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL ICATION DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? CERTIFI WAS PERFORMED 2TA. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (o.g., in or obout 21C. WHERE DID home, farm, factory, street, affice bldg., INJURY OCCUR? (If In Boltimore City, give exoct location) MEDICAL DEATH (notify medical examined) 21 D. TIME (Month) (Doyl (Year) (Hour) 21& INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At No! While ! (APPROX.) Al Work 22. I certify that (1) (this hospital) attended the deceased from that (i) (we) last saw the deceased alive an. and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated above (1) Me (did (did not) view the bady after death. Attending [ Med. Staff Director Phys. Phys. 23C. PHÍSICIAN'S 23D. ADDRESS NAME (Type) GEGREE 24A. BURIAL CREMATION, 248. DATE REMOVAL (Specify) 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, lown, or county) (Stotol Burial 1 - 4 - 70Millikan Cemetery Whitevile N. Carolina 25A. DATE REC'D BY HEALTH DEPT. 2SC FUNERAL DIRECTOR ADDRESS Funeral Home 3035 W. North Avenue VS 150-REV. 1/1/68

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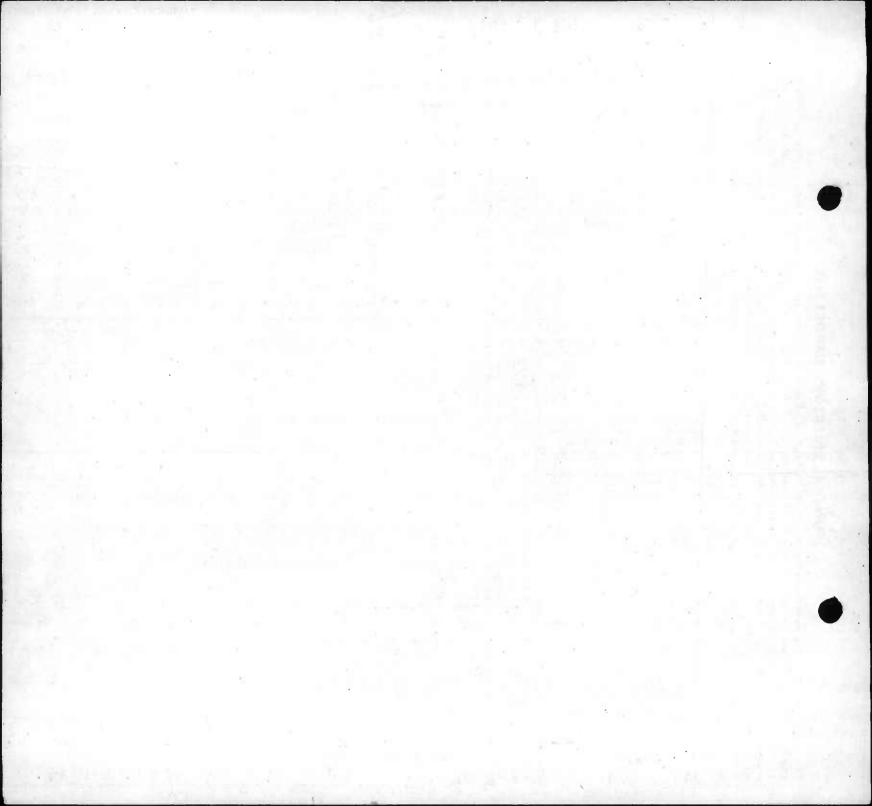
	11 00 1	0000	BALTIMORE CITY	HEALTH DEPARTMENT		69 13099
BIRTH NO.	0.0	3099	CERTIFICA	TE OF DEATH	REG. NO	
.NAME OF DE Type or Print)		. Mc Abe	e		12/31/69	2:45 am
B. PLACE IN BA	ALTIMORE, MARYLAND, V	WHERE PRONOL	JNCED DEAD	4. USUAL RESIDENCE (W. A. STATE 8. COL		institution: residence before odmis
FULL NAME O	F (IF NOT IN HOSPI' ADDRESS OR LOC	TAL-OR INSTITU	J'TION, GIVE STREET	Marylar C. CITY OR TOWN		SIDE CITY UMITS?
NSTITUTION	Diagrant Mar	oon Conv	alescent Home	Baltimore		YES NO
10	rieasant mai	1101 00114	alescent nome	E. STREET AND NUMBER 1225 W. Las	fayette Aven	ue
F F	6. RACE	7- MARRIED [	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 7-20-89	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Months Doys Hours Mi
lone during most	CUPATION (Give kind of word to working life, even if retired) Teacher			11. BIRTHPLACE (Stote or fo	reign country)	12. CITIZEN OF WHAT COUN
3. FATHER'S N				14. MOTHER'S MAIDEN N		
	Rev. I. S.	Lee		Harr:	let Duffield	
5. Was Deceas	ed Ever in U. S. Armed Fo	orces? les of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	, , , , , , , , , , , , , , , , , , , ,		214-40-7590	Dr. C. Dudle	y Lee 3000	Carlisle Ave
18. 4/ =	33.91		CAUSE OF DEAT	Н		APPROXIMATE INTERV
DISE	ASE OR CONDITION D		Recur	next Cerebral	- Thombos	40 /-
(This door	LEADING TO DEATH		AND MANAGOLATE CAL			1200
heart foilur	e, osthenia, etc. It meon:	s the diseose,	DUE TO, OR AS	A CONSEQUENCE OF:		0
injury at c	amplication which couse		Cone	lad Arterios	clemain	Jeren An.
	ANTECEDENT CAUSE		(B)			
DICEACEC	OR COMPITIONS I			A CONSEQUENCE OF		a.
	OR CONDITIONS, if the abave cause (A)		DUE TO, OR AS	A CONSEQUENCE OF:		
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rise to UNDERLYII	the above cause (A) NG CONDITION last.  11  IIFICANT CONDITIONS CO	stating the	(c)		atio .	2 months
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VS 150-REV. 1/1/68



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

7		HEALTH DEPARTMENT		
97-53/ 69 1310	OO CERTIFICA	TE OF DEATH	REG. NO	69 13100
1. NAME OF DECEASED (Type or Print) FANNIE RAL	NDALL :	J. DATE AND Dee.	31, 1969	9 19:10 Am.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO		4. USUAL RESIDENCE (Where A. STATE 8. COUNTY		stitution: residence before admission)
HONTEBZLIO STATE	E HOSPITAL	Baltimore E. STREET AND NUMBER	D. INSI	DE CITY LIMITS?
7/		4529 Saint Ge		
5. SEX 6. RACE 7. MARR WIDOV	IED NEVER MARRIED DIVORCED DIVORCED		AGE (In years st birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done during most of working life, even if retired COOK	o of Business or Industry lic & Pvt	11. BIRTHPLACE (Stote or foreign	country)	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	?	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of servi	ce) 16. SOCIAL SECURITY NO. 215-14-5007	Miss Elizabeth	Johnson 45:	ADDRESS 29 Saint George Ave
LEADING TO DEATH  (This daes not mean the made of dying, heart failure, astherino, etc. It means the dise injury or camplication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, gives to the obave cause (A) stating UNDERLYING CONDITION last.	(a) IMMEDIATE CAL DUE TO, OR AS Ving DUE TO, OR AS the (C)	A CONSEQUENCE OF:	Kastasi's	Syeane
19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION  21 B. PLACE OF INJURY (e.g.,		IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?  e City, give exoct lacotion
OR CONTRIBUTING CAUSE OF  DEATH (notify medical examiner)	home, form, foctory, street, o	ffice bidg., INJURY OCCUR?	(it iii sommari	e City, give exoct faconomy
OF INJURY (APPROX.)  OF INJURY	While At Nork Nork Nork		RY OCCUR?	
22. I certify that (1) (this haspital) attend that (1) (we) last saw the deceased alive			in(my) (aur) apin	nlan death accurred an the date
and haur and fram the causes stated abav	e. (1) (We) (did) (did nat)	view the bady after death.		23B. DATE SIGNED
23C. PHYSICIAN'S	DEGREE Phy	ending Med. Signs. Director Ph	traff hys.	12-31-69
NAME (Type)  KIAO-SIONG T	AN H. D DEGREE			
24A. BURIAL CREMATION, REMOVAL (Specify) Burial 1-3-70	c. NAME & CEMETERY of CR Arbutus Memoria	1 Park Bal	timore Co.	y Md
JAN 5 1970 Page & Sal	WE OF REGISTRAR	Nutter Funera		ADDRESS 35 W. North Ave.



1	7-2/6 69 13101	BALTIMORE CITY	HEALTH DEPARTMENT		69 13101
BIRT	H NO.	CERTIFICA	TE OF DEATH	Registered No	00 1.0.201
1. N	AME OF DECEASED		2. DATE AN	D HOUR OF DEATH	0 0 .
(Тур	pe or Print) Manherson. Mrs. 1	lictoria	W. 12	-24-61	8-40
. P	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUN	e deceased lived. If inst	itution: residence before odi
F	FULL NAME OF (If not in hospital or institution, give st	reet	MD.		150
H	HOSPITAL OR oddress or location) NSTITUTION		C. CITY OR TOWN (If out	side city limits, write RU	RAL and give township)
	US Marila 1 and	11 11	Baltimo	e	
	48 Maryland General	Hospital	D. STREET ADDRESS (If	urol, give location)	4.12
5. S	EX   6. RACE     7. MARRIED, NEVE	P AAA PRIED	B. DATE OF BIRTH	AGE (In years	Holar 1 Yr If Under
J. J	WIDOWED, DIV	ORCED (specify)	9-7-02	ost birthdoy) 67-	Months Doys Hours
ιóλ	USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSII	NESS OR INDUSTRY			12, CITIZEN OF
	e during most of working life, even if retired)		14.		WHAT COUNTRY?
	omestic Pvt Famil	. У	Va. MOTHER'S MAIDEN NAM	A.F.	MD
130					
16.	James Maglone		Sallie Gidde	126000	Appare
	s, no or unknown) (If yes, give wor or dotes of service)	OCIAL ECURITY NO.	17. INFORMANT		ADDRESS
	No 2i	9-30-508	A Joseph A. Mc	Pherson 2//	4 Walbrook
	18.	CAUSE O	FDEATH		INTERVAL BETWE
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	4	2.0	0 +:	1
	(This does not meon the made of dying, e.g.,	(A) DUE TO	Ulmmany 3	you lon	Nou-s
	heart failure, asthenia, etc. II means the disease, injury ar complication which caused deoth.)			0	4
	ANTECEDENT CAUSES	(B)(	ongestive	tailme	1-2 day
	DISEASES OR CONDITIONS, if any, giving	DUE TO	71 9 1	. 11	
	rise to the above couse (A) stoting the UNDERLYING CONDITION last.	(C)	Mabetes 1	Viellitus	Jean
	II				0
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
ATION	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
TIFIC	19A. DATE OF OPERATION 198. CONDITION FOR WHICH	OPERATION	20 A. AUTOPSY? (Yes at No	20B. IF YES, WERE FILL	NDINGS CONSIDERED SES OF DEATH?
ER	7)	E OF INITIAVI-	as about 21C WHERE DID	(If in Polaine	City sine aver territori
AL C	OR CONTRIBUTING   CAUSE OF   home, for	m, foctory, street, of	n or about 21C. WHERE DID INJURY OCCUR?	ur in politimore	City, give exact tocation!
DICA			015		
MED	OF INJURY	RY OCCURRED Not While	21 F. HOW DID INJ	UKT OCCUR?	
	(APPROX.) Work	At Work			
	22. I certify that (44) (this hospital) attended the de		, 0	9 68 10 12	-2419_
	that (I) (st sow the deceased alive on	2-24	19.67 and the	of in (my) <del>(max)</del> opini	on death accurred on
	and hour and from the causes stared above. (1)	) (did) ( <del>did aa)</del> ) v	iew the bady after deoth.		
	23A. SIGNATURE		andino - AA-4		23 B. DATE SIGNED
	Just book fit	Phy		Stofl Phys.	
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	1 1	1 4
	3. S. Kil	M.D.	Manyand	General	1105p.Ma
24	REMOVAL (Specify) 248. DATE 24C. NAME of	CEMETERY OF CRE	MATORY 24D. LO	OCATION (City	, town, or county)
]	D	us Memoria	1 Park B	alto. Co,	Md
25A	A. DATE REC'D TO SALTH DEPT. 258 NAME OF REC		25C. FUNERAL DIRECTOR		ADDRESS
1	IAN B TOTAL PROPERTY SELECTION SELEC		Nutter Funer	al Home 303	5 W. North Ave
VS	150-REV. 1/1/65	7 0	0007		

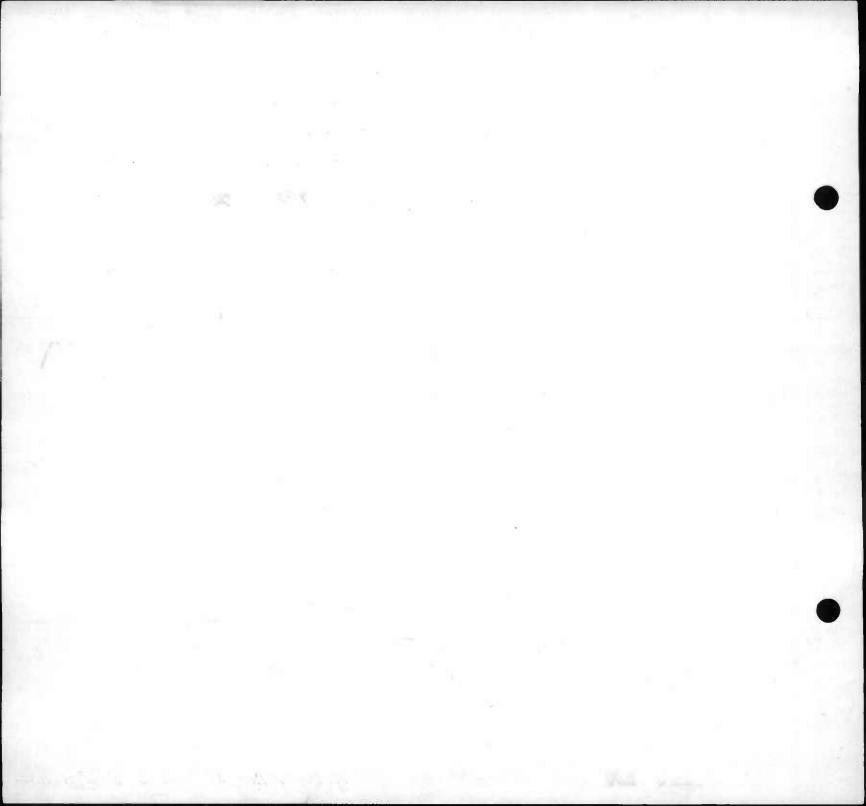
**《新**》中国中国的

C En A	DICAL	EXAMINER'S			DEATI	1	60	4.2400
BIKTH IVC.	JICAL			CATE OF	DLAII	REG. NO.	03	10102
1. NAME OF DECEASED (Type or Print)			2. DATE OF	Known 🗆	Month	Doy	Yeor	Hour
ROY V. SI			DEATH	Estimoted 🗆	12	23	69	6:33 рм
4. PLACE IN BALTIMORE, MARYLAND, FULL NAME OF (IF NOT IN HOSPI			3. DATE	INCED DEAD	Month	Doy	Yeor	Hour
HOSPITAL ADDRESS OR LOC	ATION)	JTION, GIVE STREET			Dec	23.	1969	6:33 pM
		MARKET AND	5. USUAL RI A. STATE	SIDENCE (Where of	deceased liv	ed. If institution  B. COUNTY	: residence l	pefore odmission)
76 Luthean Hospit	:a1			arvland	-		/	5000
6. SEX 7. RACE	8. MARRIET	NEVER MARRIED	C. CITY OR			D. INSIDE CI	TY LIMITS?	
Male Negro	WIDOWE	DIVORCED		Balto.		YE	s 🗆	NO 🗆
9. DATE OF BIRTH 10. AGE (	In years If	Under 1 Yr. If Under 24 Hrs.		ND NUMBER				
11-14-50		onths Doys Hours Min.		100/ N A-		O.L.		
1. BIRTHPLACE(State or loreign country)		CITIZEN OF	13. FATHER'	1804 N. Ap	brecor	L SE.		
Md		WHAT COUNTRY? USA	Jame	s L. Simms				
4A.USUAL OCCUPATION (Give kind of world	14B. KIND O	PF BUSINESS OR INDUSTRY						
done during most of working life, even il retired)					1			
6. WAS DECEASED EVER IN U.S. ARME	D FORCES?	17. SOCIAL	18. INFORM	ra Jones		10	DRESS	
Yes, no or unknown) (il yes, give wor or dotes		218-56-0234			hnoon			11 - 01
No		CAUSE OF DEA		n Simms Jo	mison	1804 19		PROXIMATE INTERVAL
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STAUNDERLYING CONDITIONS OF TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CONDITIONS OF TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN 18 20A. DATE OF OPERATION 20B. CO	Y, GIVING ATING THE CONTRIBUTIND THE TERMINA PART 1 (A).	(B)	AS A CONSEC	UENCE OF:	aumati	c injur		PSY? (Yes or No)
22A. EXTERNAL CAUSE WAS	228	PLACE OF INJURY(e.g.,	in or obout 22	C. WHERE DID (II	in Boltimore	Cltv. give erg	rt location)	YES
UNDERLYING GOR CONTRIB-	hos	me, torm, toctory, street, office	bldg., etc.) IN	JURY OCCUR?				N C D
UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Yea	or) (Hour)	St.	22	TOOO		Fulto	n /3'	N. of Bak
OF INJURY	9 6:30.		WHILE XX					St.
23.	9 0:3 kh,	WORK AT W	ORK ALAJ	Subject	pedes	trian s	truck	by truck
I certify that I held on resulted from: Natural car	Inquiry   uses   U   Ca	Accident XX Suicid	A\$ \$10	and that an this micide Us HIEF MEDICAL EX TANT MEDICAL EX	ndetermin	ed manner	j	DATE SIGNED
EXAMINER'S Rona NAME (Type)		Kornblum, M.D.	ASSO	CIATE MEDICAL EXA		12	/24/69	
AA. BURIAL CREMATION, 24B. DATE		24C. NAME of CEMETERY	r CREMATO	24D. LC	CATION	(City, town,	or county)	(Stote)
Burial 12-29	-69	Mt Auburn	Cemeter	у В	altimo	re		Md
IAN 5 1970 Pale &		NE OF REGISTRAR	25C. F	UNERAL DIRECTOR		AL	DRESS W. NOT	
'S 151-REV. 1/1/68	1 9	5 4 6	1 0	0 0 0				

. 25 COTTON real rate of the profession of the st CONTRACTOR IN COLUMN TO A SECOND TO A SECO and the second of the second o

was D.O.A. at a hospital (except where the physician wha pronaunced death was in regular attendance an the deceased prior to death. Such written apprayal must be abtained before the remains are embalmed ar final disposition is made. This certificate must be appraved by the chief medical examiner or his assistant if death accurred in a hospital and the body was released to the haspital by a medical examiner. Alsa, if the direct or cantributing cause of death shaws: (1) An accident of any nature; (2) Bady burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

1	7	7 - 2 - 1	BALTIMORE CITY	HEALTH DEPARTMENT	00	1010
	PIDT	J-520 69 131	.03 CERTIFICA	TE OF DEATH	REG. NO. 68	13103
	1. N	AME OF DECEASED	1		D HOUR OF DEATH	-
	СТУР	or Print Marion swens			12-31-69	7:15 PM.
	3. P	LACE IN BALTIMORE, MARYLAND, WHERE PRO		A. STATE B. COUNT	e deceosed lived. If institution: r	residence before odmission)
	HO	L NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	C. CITY OR TOWN	D. INSIDE CITY L	IMITS?
	3	Varbor Veew herse	ng Home	Balto	YES []	NO
;	9	1213 Light St		3411 Luyne	o Falls Parker	cky
3	S. S!	F 6. RACE 7. MARR WIDOV	IED NEVER MARRIED DIVORCED DIVORCED	7/18/1903	ost bishday)  If Under Months	Doys Hours Min.
2		USUAL OCCUPATION (Give kind of work 108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig		ZEN OF WHAT COUNTRY?
		during most of working life, even if retired)		ne		
		ATHER'S NAME		14. MOTHER'S MAIDEN NAM		
		PLUMER GOODWIN		Hardeven	DORCAS GI	LBERT
		vos Deceosed Ever in U. S. Armed Forces? no or unknown) (If yes, give wor or dotes of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
			216-18-7029		3411 Gwyns	
5		18. 4 8 1	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
3		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		1 nenda	more	Dec.
		(This daes not meon the made of dying, heort failure, asthenia, etc. It means the dise		A CONSEQUENCE OF:		
		injury ar complication which coused deoth.)	036,			
5		ANTECEDENT CAUSES	(B)			
3		DISEASES OR CONDITIONS, if ony, giverise to the above cause (A) stoting	ring DUE TO, OR AS	A CONSEQUENCE OF:		
2		UNDERLYING CONDITION lost.	(c)			
3	z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG			
D	<u> </u>	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).				
	CERTIFIC,	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20 A. AUJOPSY? (Yes or No)	208, IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF	
200		21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, lorm, foctory, street, of etc.)	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If In Boltimore City, giv	ve exoct locotion)
3	EDI	21D.TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E, INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
3		(APPROX.)	While At Not While Work At Work			
3		22. I certify that (his haspital) attended	ed the deceased from		965 ta '	19
0		that (1) (we) ast saw the deceased olive	on 12/3/	19. 6.2 ond the	ot in (our) oplnion dec	ath accurred on the date
- 1		ond hour ond fram the causes stated abov	e. (I) (We) (did) (did not) v	iew the bady ofter death.		
		23A. SIGNATURE	Alle Alto	nding Med.	Shoff	TE SIGNED
5		23C. PHYSICIAN'S	DEGREE	nding Med. Director	Phys. 🗆	2/ 20
5		NAME (Type)	ATTOS MASS	12,5 57	Pail She	et.
appraval most	24A	BURIAL CREMATION, 248. DATE 24	C. NAME OF CEMETERY OF CRE	MATORY 24D. LC	OCATION (City, town,	or county) (Stote)
	7	BURIAL 1/3/70	MT AUBURN	CEM. BA	ALTO. MD.	
0		DATE REC'D BY HEALTH DEPT. 258 NA		2SC, FUNERAL DIRECTOR	21-11-01	ADDRESS
		INVS TO CLEAN THE	May Willy C	WMCOMA	RCH 928 E.	MORTH AVE
	VS	50-REV. 1/1/68		0 0 0		



(C)\_

home

(Hour) 22E.INJURY OCCURRED

Inspection

WHILE AT

Accident \_\_

WORK

238 NAM OF REGISTRAR

20 A. DATE OF OPERATION | 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

**ANTECEDENT CAUSES** 

CERTIFIC

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL

(Doy)

I certify that I held on Inquiry

24B. DATE

resulted from: Notural couses

(Year)

Werner U. Spitz, M.D.

DISEASE OR CONDITION GIVEN IN PART 1 (A).

22A. EXTERNAL CAUSE WAS

UNDERLYING OR CONTRIB UTING CAUSE OF DEATH.

22D. TIME (Month)

ACTUAL

24A. BURIAL CREMATION

REMOYAL (Specily),

VS 151-REV. 1/1/68

SIGNATURE

**EXAMINER'S** 

NAME (Type)

25A. DATE BEC'D AN HEALTH HERT

OF INJURY

(APPROX.)

23.

DUE TO, OR AS A CONSEQUENCE OF:

NOT WHILE

Autopsy X

Suicide X

M.D.

24C, NAME OF CEMETERY OF CREMATORY

22B. PLACE OF INJURY (e.g., In or about 22C. WHERE DID (II in Boltimore City, give exact location) hame, larm, factory, street, office bldg., etc.) INJURY OCCUR?

Homicide

25C. FUNERAL DIRECTOR

shot self

2273 Reisterstown Rd.

ond that on this basis, death in my opinion

Undetermined manner

240 LOCATION (City, town, or spunty)

ADDRESS

22F. HOW DID INJURY OCCUR?

CHIEF MEDICAL EXAMINER

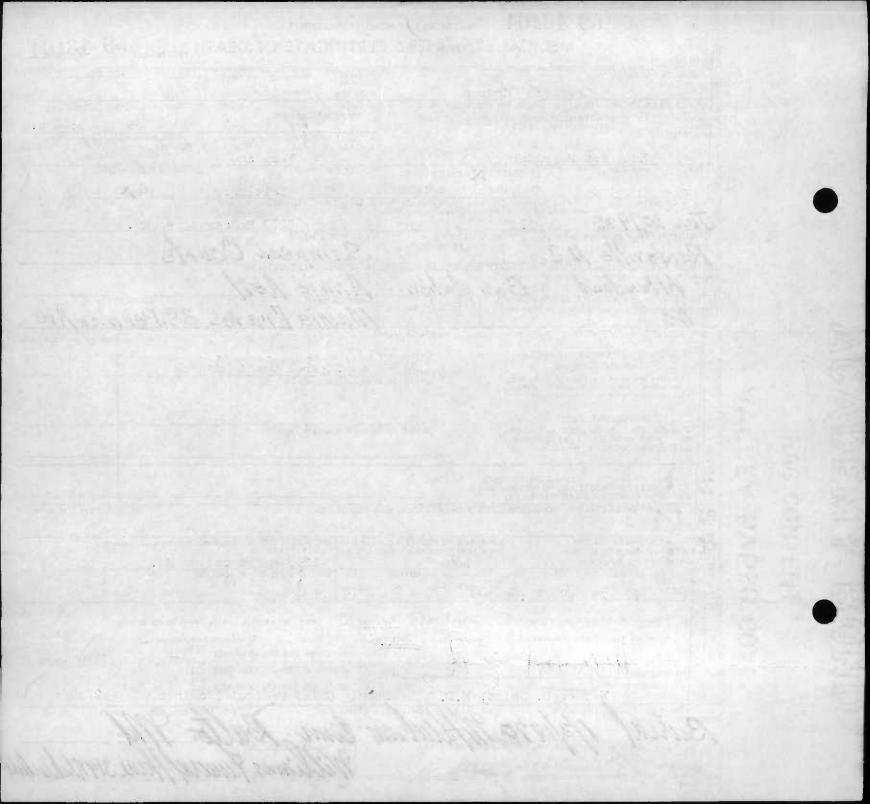
ASSISTANT MEDICAL EXAMINER

Deputy Chief Medical Examiner

21. AUTOPSY? (Yes or No)

DATE SIGNED

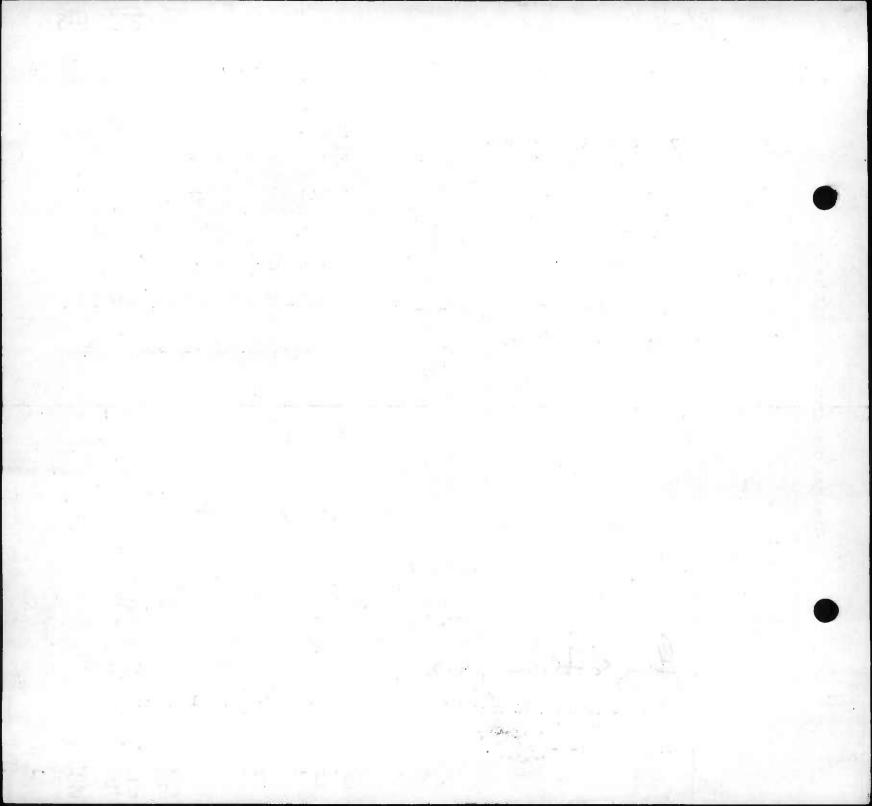
12/30/69



RGB

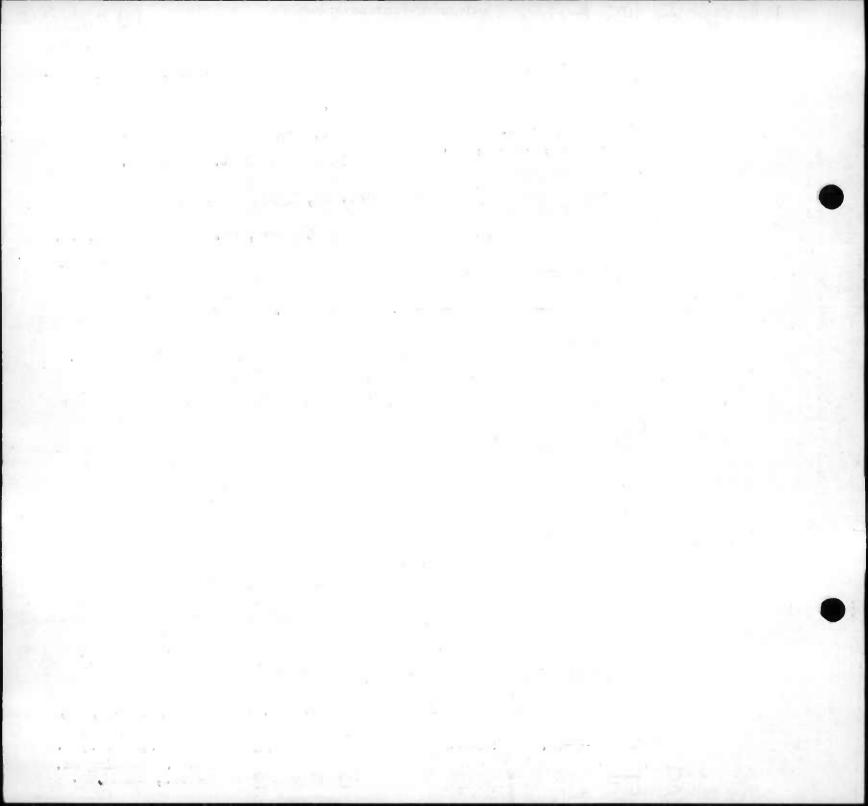
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written control must be obtained before the remains are embalmed or final disposition is made.

1 1 mela	BALTIMORE CITY	HEALTH DEPARTMENT		00 40405	
N-242 69 131	LOS CERTIFICA	TE OF DEATH	REG. NO	69 13105	
1. NAME OF DECEASED		2. DATE AND	D HOUR OF DEATH		
(Type or Print) Randolph Grant	Nichols	Dec.	30, 1969	10	A M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT		stitution: residence before adm	ission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	Va.	D. INSII	DE CITY LIMITS?	
US Public Health Service I	Hospital	Alexandria  E. STREET AND NUMBER  5907 Ridgevie	ew Drive	YES NO X	
<u> </u>	IED NEVER MARRIED	8. DATE OF BIRTH 9	AGE (In years	II Under 1 Yr. , II Under 2	
M W WIDOW			ost birthdoy 49	Months Doys Hours	Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working life, even if retired)  Printer	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or loreig	gn country)	USA	JNTRY?
13. FATHER'S NAME Wilmer Nichols		14. MOTHER'S MAIDEN NAM Agnes Booth			
15, Was Deceased Ever in U. S. Armed Faices? (Yes, no or unknown) (If yes, give wor or dotes of service YES 1942-1945 -USN	16. SOCIAL SECURITY NO. 577-18-7796	17. INFORMANT Records_ US P	PHS Hospital	ADDRESS L, Balto, Md.	
18. 2 0 0 1	CAUSE OF DEATH	H		APPROXIMATE INTE	
DISEASE OR CONDITION DIRECTLY		A cooks must as	Jaulea		
(This does not meon the mode of dying,	(A) IMMEDIATE CAU	Acute myelogo A CONSEQUENCE OF:	enous reuke	mia Months	
heart failure, osthenio, etc. It means the diser injury ar camplication which caused death.)		A CONSEQUENCE OF			
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, if any, give	ing DUE TO, OR AS	A CONSEQUENCE OF:			
rise to the above couse (A) stating UNDERLYING CONDITION last.	Ihe			1	
	(C)				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 (A).		848888888888888888888888888888888888888			
179. DATE OF OPERATION 1798. CONDITION F		yes or No)	208. IF YES, WERE FIN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., in home, farm, factory, street, of etc.)	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimore	e City, give exoct locotion)	
	21E. INJURY OCCURRED  While At Not While Work At Work	21 F. HOW DID INJU	JRY OCCUR?		
22. I certify that (I)(this haspitol) attended		Tuly 6	0 60 to De	ec. 3019	60
that (1)/we) lost sow the deceased alive a	on Dec. 30	19 69 and tha		nian death accurred an th	
and had and from the causes stated above	2. (1) (We) (did) (did nat) v	riew the bady after death.			
23A, SIGNATURE	Attu	ending Med. T	CA-M-ET	23B. DATE SIGNED	
Hay & Tran	DEGREE Phys	31 — 51106101 1	Staff XXX	12/30/69	
23C/PHYSICIAN'S NAME (Type)		US PHS Hospit	al Balto.	Ма	
Gary E. Feldman, SA S					
24A. BURIAL CREMATION, 24B. DATE 24G. REMOVAL (Specily)	C. NAME of CEMETERY OF CRE	,			itote)
	t. Comfort Cer	metery Fair	rfax Count	ty, Virginia	
25A. DATE REC'D BY HEALTH_DEPT.	A PF REGISTRAR	Fyer Ly - Wheat	le v Funer a	al Home Alex.	.Va
10533	1.9	70.00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	1.11.4	CO	4010	BALTIMORE CITY	HEALTH DEPARTMENT		60	12400
X	-460	69	1310	6 CERTIFICA	TE OF DEATH	REG. NO	צמ	13106
BIR	TH NO.			CERTIFICA	TE OF DEATH			
	AME OF DEC		FR DOTTO T	TIBID		ID HOUR OF DEATH		
				LER		er 31, 196		3:30 A. M.
		TIMORE, MARYLAND, W			A. STATE B. COUN	TY	nstitution; resid	dence before odmission)
HC	LL NAME OF	ADDRESS OR LOCA	AL OR INSTITUTION)	JTION, GIVE STREET	C. CITY OR TOWN	D INC	IDE CITY HMI	00/
IN:	NOITUTITE	3405 Muelle	r St.			D. INS	YES X	NO 🗆
	6.00	Baltimore,	-	. Md.	Baltimore E. STREET AND NUMBER		IES [X]	NO
	00	,	the size the tree tree	,	3405 Muelle	- 11	21224.	
5. 5	EX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthdoy)	If Under 1 Months Do	Yr. If Under 24 Hrs.
F	emale	White	WIDOWED	DIVORCED	Nov. 22, 1904	65		
			10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN	OF WHAT COUNTRY?
don		working life, even if retired)	Tor		P-1+imono	MA		77 0 1
12	Reti		Ho	use Work	Baltimore  14. MOTHER'S MAIDEN NAM	-		U.S.A.
1.3.	FAIRER 3 NA	ALE.			14. MOTHER'S MAIDEN NAM	VIE.		
		Simon Hru	Z		Mar	y Sojak		
15.	Was Deceased	Ever in U. S. Armed Far.	ces?	SECURITY NO.	17. INFORM ANT		A	DDRESS
1	No	Title yes, give wor or dole		212-22-7264	Joseph P. K	0110m	~	- 22
-	1B. Z.L. / 2	0 1		CAUSE OF DEATI		errer.		APPROXIMATE INTERVAL
	710	1 7		CAUSE OF DEATH	'			WEEN ONSET AND DEATH
	DISEA	SE OR CONDITION DIE LEADING TO DEATH	RECTLY		Acres Manager	of all dar Connect	h.d	7 1000
	(This does r	ol meon the mode of	dying, e.g.,		se Acute Myocard	ilal inlarci	clon	1 hr.
		osthenio, etc. Il meons		DOC 10, OK A3	CONSEQUENCE OF			
		application which coused	deoin./				- 1	0.1
		ANTECEDENT CAUSES		(B) Conges	tive heart failu	ire		2 days
		OR CONDITIONS, if		DUE TO, OR AS	A CONSEQUENCE OF:			
1		G CONDITION lost.	Storing me	(c)				
		11						
Z	OTHER SIGNIF	CANT CONDITIONS CO	NTRIBUTING					
ATION		H BUT NOT RELATED TO THE ONDITION GIVEN IN PAR						
		OPERATION 198. CON	DITION FOR V	WHICH OPERATION	20 A. AUTOPSY? (Yes or No			
CERTIFIC	1)	WAS PERI	FORMED			IN CERTIFYING CA	TOSES OF DE	AIH?
CE	21 A. ACCIDE	NT WAS UNDERLYING	] 21B.	PLACE OF INJURY (e.g., i	or about 21 C. WHERE DID	(If in Boltimo	re City, give e	xoct locotion)
A	DEATH (notify	JTING CAUSE OF medical examiner	etc.)		fice bldg., INJURY OCCUR?			
DIC	21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID INJ	HBY OCCUP?		
ME	OF INJURY	(Nothin) (Doy) (Teon		le At Not While		OKY OCCOR:		
-	(APPROX.)		Wo					
	22. 1 certify	that (1) (this haspital	) attended tl	ne deceased fram		19to		
	that (I) (we)	last sow the decease	d alive on	indiana desireke Marianiak desireke di didianiak di kana a re der denas di di Tradit (1888 - 1888) (1888 - 1888)	19ond the	ot In(my) (aur) op	inlan deoth	accurred on the date
					iew the bady ofter deoth.			
	23A. SIGNATU	. ~	ed obove. (I	/ ("e) (did) (did noi) v	iew the budy offer deom.		23 B. DATE	SIGNED
	2011 3101121	(beling)	2 Mail	MI AHO	nding Med.	Staff		
		MUMIN	11111	DEGREE Phys	Director L	Phys.	Jan 2	1970
	NAME (T		my	001	23D. ADDRESS			
24/	BURIAL CRE		Me.N	DEGREE OF CEMETERY OF CRE		Baltimore CO	2122/ City, town, or o	County) (State)
	Buri		Ho	ly Redeemer C	emetery 44	30 Belair H	Rd. Bal	to. Md.
2S.A		BY HEALTH DEPT.	258 NAME C		25C. FUNERAL DIESTOR			ADDRESS ing St
1	THINK IN	MARIE CORPORATE C	A THE CONTRACTOR	ASS. C. J	1 Regards A) fee		., 2122	
V 2	150-REV. 1/1/	00						



	111-27	Y HEALTH DEPARTMENT
	BIRTH NO. 69 13107 CERTIFICA	ATE OF DEATH REG. NO. 09 13107
	1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  A. STATE  B. COUNTY
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OF TOWN D. INSIDE CITY LIMITS?
	Sinar Harpital of Bakkmons	E. STREET AND NUMBER  2 3 3 C VI / DUA DVA 21202
	S. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH /9. AGE (In years   II Under 1 Yr., II Under 24 Hrs.
	TEMAL (SUCASIAN WIDOWED DIVORCED [	9/10/95 lost bighdoy1 Months Doys Hours Min.
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	1/2 -4
	Sales Lady 3. FATHER'S NAME	Walley USA
	Charles Neilson	Suzanna Wood
	5. Was Decoased Ever in U. S. Armed Forces?   16. SOCIAL	17. INFORMANT ADDRESS
	ND	John C. Maitland - 3738 Milford Avenue #7
	18. 136914 1989 CAUSE OF DEAT	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Corologues de de la la la
	(A) IMMEDIATE CAL  This does not mean the mode of dying, e.g., heart latitude, astheria, etc. It means the disease, injury or complication which coused death.)  (A) IMMEDIATE CAL  DUE TO, OR AS	A CONSEQUENCE OF:
	ANTECEDENT CAUSES	
	DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoling the UNDERLYING CONDITION tast.	A CONSEQUENCE OF:
		Land Station
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	resistella of nech-primery unhuser
	19A-DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	OR CONTRIBUTINO CAUSE OF home, form, forlory, street, of etc.)	n or obout 27 C. WHERE DID (If In Bollimore City, give exoct locotion) fice bldg., INJURY OCCUR?
	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While AI NOI While	21F. HOW DID INJURY OCCUR?
	(APPROX.) Wark Al Work	
	22. I certify that (this hospital) attended the deceased from that (we) last sow the deceased alive on 3/ )ec	1969 and that Indian (our) coluber death accurred on the date
	and hour and from the couses stated above. (We) (did) (334) v	lew the body ofter death.
	CMAN DTADIAL AHO	nding Med. Stoff TO 238. DATE SIGNED
	DEGREE Phys	Director Phys. 13D, ADDRESS
2	4A. BURIAL CREMATION 1248, DATE TO C NAME OF CREEKEN	Sinai Hospitel of Balthmore
	Burial 1-3-70 Woodlawn Ceme	Taioles
	SA. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
	JAN 5 1970 Waller E. Vayber M. D. )	Afma@ost Funeral Chapel-4600 Liberty Hts

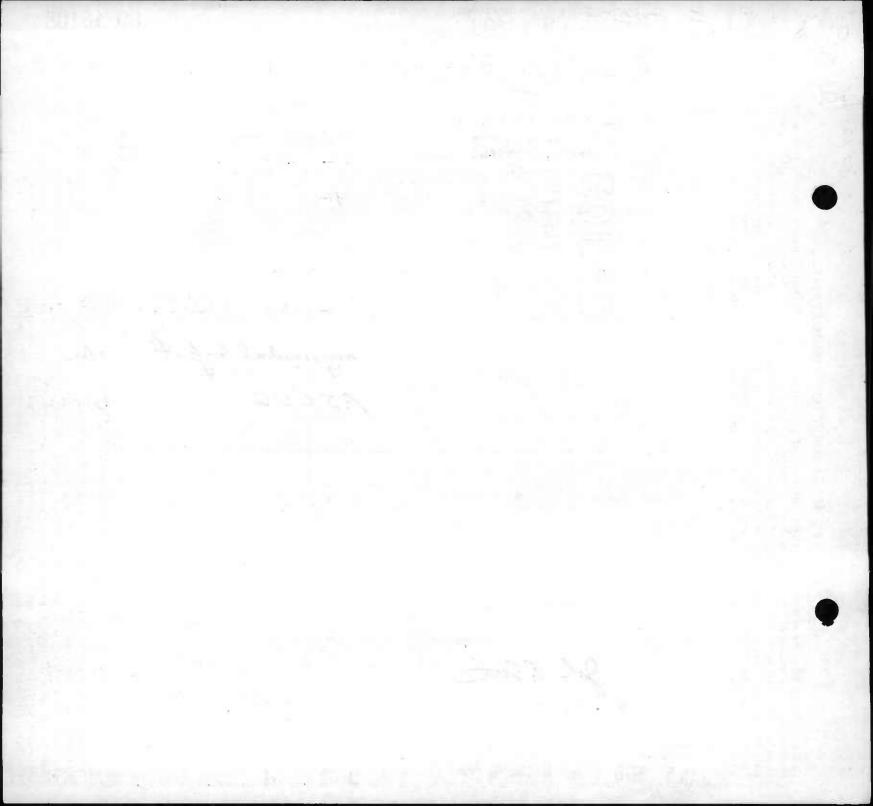
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a magnetic of death the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of deased shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. 33-15-46 BB IMPORTANT FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT

REG. NO	69	13108

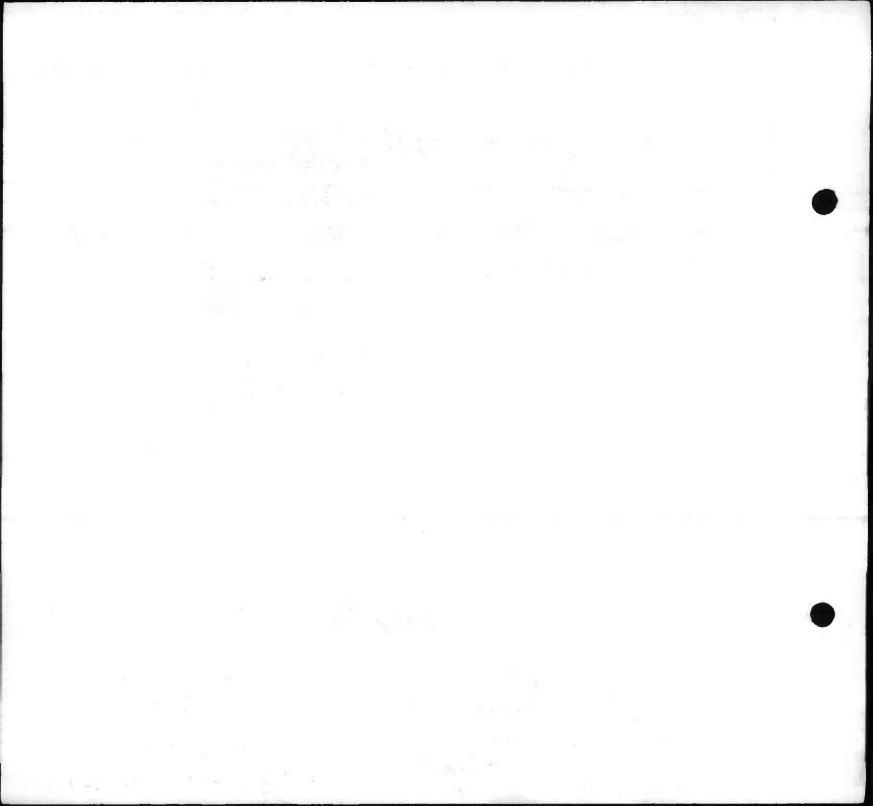
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, ostherio, etc. II means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  (A) IMMEDIATE CAUSE Augustandard for further forms the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  (B) 45 CVQ  THE CONDITION DIRECTLY  (B) 45 CVQ  (B) 45 CVQ
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  HULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS, OR LOCATION!  BALTIMORE CITY HOSPITALS  4940 Eastern Avenue  Baltimore, Maryland  C. CITY OR TOWN  Baltimore  Baltimore  Baltimore  Baltimore  C. CITY OR TOWN  Baltimore  D. INSIDE CITY LIMITS?  YES NO  Baltimore  E. STREET AND NUMBER  1 S. CONKling St. 21224 007  S. SEK  Male  White  Willowed D. INVORCED DIVORCED DIVO
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET  ADDRESS OF LOCATION HOSPITALS  4940 Eastern Avenue  Baltimore, Maryland 21224  S. SEX  Male  White  Minowa Granic  100. USUAL OCCUPATION (Give kind of work 100, Kind of Business or Industry)  Ione during most of working life, even if retired)  S. Was Deceased Ever in U. S. Armed Forces?  Yes, no or unknown) (If yes, give wor or doles of service)  10. SOCIAL  S. Was Deceased Ever in U. S. Armed Forces?  Yes, no or unknown) (If yes, give wor or doles of service)  10. SOCIAL  SECURITY NO.  11. INFORMANT  Minerva Stout  CAUSE OF DEATH  CAUSE OF DEATH  (A)IMMEDIATE CAUSE  (B)  A SCANCE  MATECEDENT CAUSES  (B)  A SCANCE  MARRIED  D. INSIDE CITY LIMITS?  YES NO  L. STATEME'S MADE NO  No  D. INSIDE CITY LIMITS?  YES NO  D. INSIDE CITY LIMITS?  YES NO  L. STATEME'S MADE  L. STA
HOSPITALS  4940 Eastern Avenue Baltimore, Maryland 21224  5. SEX
Baltimore, Maryland 21224  E. STREET AND NUMBER 1 S. Conkling St. 21224 007  SEX Male White Widowed Divorced St. 21224 007  SEX Molow Divorced St. 21224 O07  SEX Molow Divorced St. 21224 007  SEX Molow
Baltimore, Maryland 21224  1 S. Conkling St. 21224 007  SEX Male White White Widowed Divorced St. Date of Birth 9. AGE (In years lost birthday)  OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)  Mechanic  3. FATHER'S NAME  Linear Ensign  S. Wos Deceased Ever in U. S. Armed Forces? (es, no or unknown) (If yes, give wor or doles of service)  No  CAUSE OF DEATH  DISEASE OR (CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heard foliure, osthenic, etc. II means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  (B)  A SCORKLING St. 21224 007  15. DATE OF BIRTH 9. AGE (In years lost birthday)  S. DATE OF BIRTH 9. AGE (In years lost birthday)  S. DATE OF BIRTH 9. AGE (In years lost birthday)  S. DATE OF BIRTH 9. AGE (In years lost birthday)  S. DATE OF BIRTH 9. AGE (In years lost birthday)  S. DATE OF BIRTH 9. AGE (In years lost birthday)  S. DATE OF BIRTH 9. AGE (In years lost birthday)  S. DATE OF BIRTH 9. AGE (In years lost birthday)  Months: Days Affect In years lost birthday  Months: Days AGE (In years lost birthday)  Months: Days AGE (In years lost birthday  Months: Days AGE (In years lost birthday)  Months: Days AGE (In years lost birthday  Months: Days AGE (In years lost birthday  Months: Days AGE (In years lost birthday  Months: Days AGE (In years)  Months: Days Age (In year
Male White WIDOWED DIVORCED 547-15 St Months Days Hours Min.  OA. USUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slole or foreign country)  Mechanic 3. FATHER'S NAME  Limen Ensign 5. Wos Deceosed Ever in U. S. Armed Forces? [6s, no or unknown) [Uff yes, give wor or doles of service]  No  CAUSE OF DEATH  (This does not meon the mode of dying, e.g., heart foilure, osthenia, etc. II means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  MIDORCED 547-15 St 10st birthday)  Months Days Hours Min.  Months Days Hours Min.  Months Days Hours Min.  547-15 St 200  12. CITIZEN OF WHAT COUNTRY  USA  12. CITIZEN OF WHAT COUNTRY  USA  13. INFORMANT  SECURITY NO.  BCH-Records Baltimore, Maryland 21224  APPROXIMATE INTERVAL 8ETWEEN ONSET AND DEATH  (A) IMMEDIATE CAUSE May a cause of the country of t
Mechanic 3. FATHER'S NAME  Linen Ensign 5. Wos Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of service)  No  16. SOCIAL SECURITY NO.  BCH-Records  Baltimore, Maryland  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH  (A) IMMEDIATE CAUSE  IN DUE TO, OR AS A CONSTOUENCE OF:  (B)  AS CUO  USA  14. MOTHER'S MAIDEN NAME  Minerva Stout  ADDRESS  4940 Eastern Avenue  Baltimore, Maryland  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH  (A) IMMEDIATE CAUSE  DUE TO, OR AS A CONSTOUENCE OF:  (B)  AS CUO  AS COVENIENCE  (B)  AS CUO  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH  (A) IMMEDIATE CAUSE  DUE TO, OR AS A CONSTOUENCE OF:  (B)  AS CUO
Mechanic 3. FATHER'S NAME  Limen Ensign  S. Wos Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or doles of service)  No  16. SOCIAL SECURITY NO.  BCH-Records  BCH-Records  ADDRESS  Avenue Baltimore, Maryland 21224  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  (This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  (B)  4. MOTHER'S MAIDEN NAME  ADDRESS  4940 Eastern Avenue Baltimore, Maryland 21224  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  (A)IMMEDIATE CAUSE DUE TO, OR AS A CONSTOLENCE OF:  (B)  45 C C C C C C C C C C C C C C C C C C C
Elmen Ensign  5. Wos Deceosed Ever in U. S. Armed Forces?  (es, no or unknown) [If yes, give wor or doles of service)   16. SOCIAL   17. INFORMANT   4940 Eastern Avenue   4940
5. Wos Deceosed Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or doles of service)  No  16. SOCIAL SECURITY NO.  17. INFORMANT 4940 Eastern Avenue Baltimore, Maryland 21224  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  (This does not meon the mode of dying, e.g., heort foilure, osthenio, etc. It meons the diseose, injury or complication which coused death.)  ANTECEDENT CAUSES  (B)  (B)  (CAUSE OF DEATH  (A) IMMEDIATE CAUSE (B)  (B)  (B)  (B)  (CAUSE OF DEATH  (A) IMMEDIATE CAUSE (B)  (B)  (B)  (CAUSE OF DEATH  (A) IMMEDIATE CAUSE (B)  (B)  (B)  (CAUSE OF DEATH  (A) IMMEDIATE CAUSE (B)  (B)  (B)  (CAUSE OF DEATH  (A) IMMEDIATE CAUSE (B)  (B)  (B)  (CAUSE OF DEATH  (CAUSE OF DEATH  (A) IMMEDIATE CAUSE (B)  (B)  (B)  (CAUSE OF DEATH  (CAUSE OF
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meon the mode of dying, e.g., heart foilure, osthenia, etc. II means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  (A) IMMEDIATE CAUSE AMAGE AND AS A CONSTOLENCE OF:  (A) IMMEDIATE CAUSE AMAGE AND AS A CONSTOLENCE OF:  (B) A 5 CVQ  (B) A 5 CVQ
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION lost. (C)
DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
2TA. ACCIDENT WAS UNDERLYING   218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID   (If in Boltimore City, give exact location)   OR CONTRIBUTING   CAUSE OF   DEATH (notify medical examiner)   DEATH (notify medical examiner)   OR CONTRIBUTION   CONTRIBUTION   OR CONTRIBUTION
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While At Not Work At Work
22. I certify that (I) (this haspital) attended the deceased from 12-31-69 19 to 12-31 1969
that (1) (we) last saw the deceased alive an 12-3/ 19 67 and that in (my) (our) apinion death accurred an the data and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.
23A. SIGNATURE 23B. DATE SIGNED
Dec Albrida Director Director Phys. 9 12-31-69
23C. PHYSICIAN'S NAME (Type) 4940 Eastern Avenue  John R. Burton BCH- Baltimore, Maryland 2124
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial 1/5/170 Oak Lawn Cemetery Baltimore, Maryland
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR   25C. FUNERAL DIRECTOR   ADDRESS
JAN 5 1970 Vesset & Name of 1 Och A. A. Magan Jos, 3000 E. Baltimore St

VS 150-REV. 1/1/68

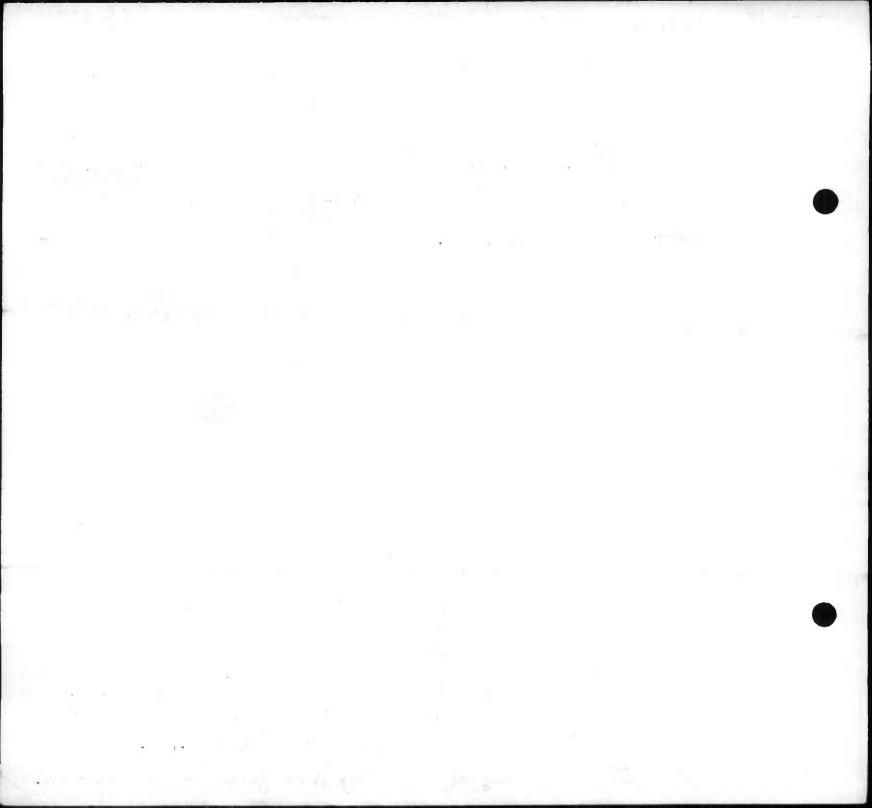


FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.
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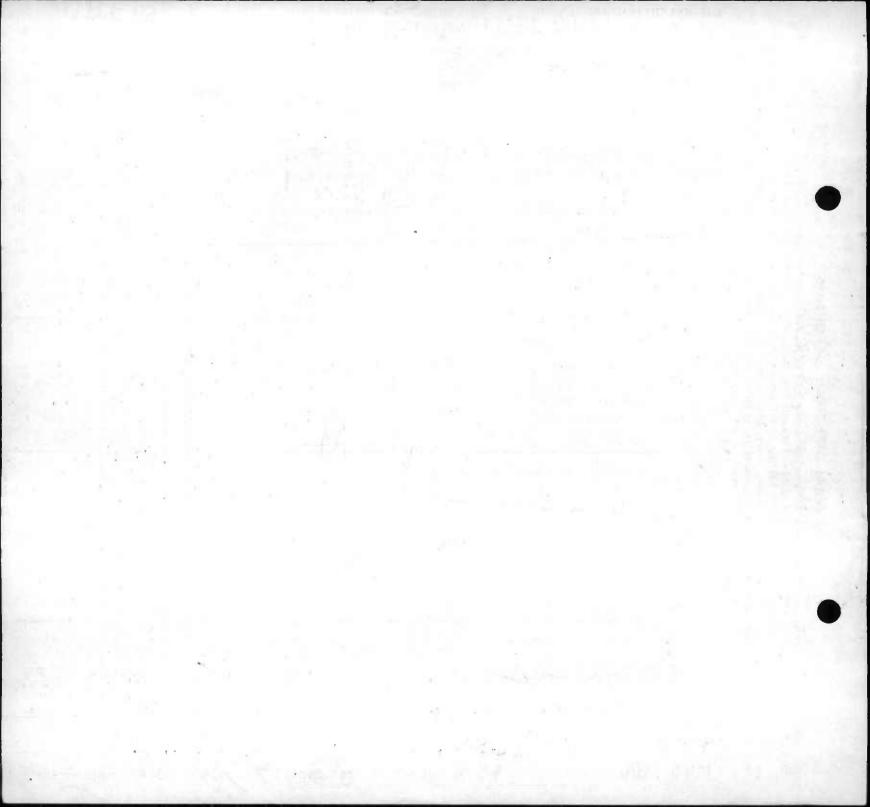
BALTIMORE CIT	Y HEALTH DEPARTMENT 69 13109
69 13109 CERTIFICA	ATE OF DEATH X REG. NO.
I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
Type or Print GERS+1 MAN, LRWIN CHARL	ES 12/30/69 10.15 P. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Washington D. C.
University of Maryland Hospital	
38	725 32 Street S.W.
5. SEX 6. RACE WIDOWED DIVORCED DIVORCED	8. DATE OF BIRTH    9. AGE (In years   II Under 1 Yr.   II Under 24 Hrs.   Months   Doys   Hours   Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	
de eountant Association offician	
David Gershman	Fannie Feingold.
15. Wos Deceased Ever In U. S. Armed Forces? [Yos, np, or unknown] (II yes, give wor or doles of service)  SECURITY NO.	17. INFORMANT ADDRESS
No Second No.	Reba Wright Gershman
18. CAUSE OF DEA	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
II I I I I I I I I I I I I I I I I I I	USE Myorardial urbuchen
heort failure, asthenio, etc. It means the disease, injury at camplication which caused death.)	sclerate Heart Dixere
ANTECEDENT CAUSES	Stranding Dralite
	S A CONSEQUENCE OF:
ise to the abave cause (A) stating the UNDERLYING CONDITION last.	iers myogardial injendit
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL A DISEASE OR CONDITION GIVEN IN PART 1 (A)	Cangrene
U 19A DATE OF OPERATION 119B CONDITION FOR WHICH OPERATION	20A-AUTOPSY? (Yes or Noll 20B, IF YES, WERE FINDINGS CONSIDERED
112-30-69 WAS PERFORMED THE Congress	IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID (II in Boltimore City, give exect location)
DEATH (notily medical examined)	olfice bldg. INJURY OCCUR?
OF INJURY (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
S   IAPPROX.)   While At   Not Wh	le 🗌
22. I certify that (I) (this hospital) attended the deceased from	11/21/1969 10 12/30/1969
that (1) (we) last saw the deceased alive an 12/30	1969 and that In(my) (our) opinion death occurred on the date
and hour and from the causes stated above. (1) (We) (did) (did not)	view the bady after death.
23A. SIGNATURE	ending Med. Stoff M 12 30 69
23C-PHYSICIAN'S NAME (Typel	ending Med. Stoff Phys. 2 12 30 69
JUMN MAINAI MA	University of Manyland Hospitert.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CI	EMATORY 24D. LOCATION (City, town, or county) (Stote)
Burial 1-2-70 Hebrew Oakwood (	
	TO STATE STATE STATES
VS 150-REV. 1/1/68	John L. Hilter Inc-6415 Belair Rd21206



	7-26	0 69 3	13110		HEALTH DEPARTMENT	V REG. NO.	69 13110
1.	RTH NO. NAME OF DECI ype or Print)	ASED / // · c	10	CLKIIICA		ND HOUR OF DEATH	3 /.00 0
3.	PLACE IN BALT	TIMORE MARYLAND, W	LOW HERE BROND	INCED GEAD	Dec	29, 196 1	nstitution: residence before admission)
FI	ULL NAME OF	IIF NOT IN HOSPITA	AL OR INSTITU	UTION, GIVE STREET	Maryland	Baltimor	
11	OSPITAL OR	ADDRESS OR LOCA	(TION)	2 6 7	C. CITY OR TOWN	D. INS	IOE CITY LIMITS?
)	Bo 14,	111 AVA (1)	1/2	anto/	Baltimore E. STREET AND NUMBER		YES NO X
1		stern Ave., J	Balto. N	d. 21224		y Road, Bal	timore, Md. 21221
5.	SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. OATE OF BIRTH	9. AOE (In years last birthdoy) 61	Il Under 1 Ya , If Under 24 Hrs. Months! Ooys ! Hours ! Min.
_	Female	White	WIDOWED		7-14-08		
do.	A. USUAL OCCU ne during most of w	PATION (Give kind of work rorking life, even if retired)	108, KINO OF	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or fore		12. CITIZEN OF WHAT COUNTRY
	Laborer		Canni	ing Co.	West Virgir	iia	United States
13.	FATHER'S NAM	1E			14. MOTHER'S MAIDEN NA	ME	
		Unknown			Unknown	1	
5. Ye	Wes Deceased	Ever in U. S. Armed Ford (If yes, give wor or dote:	s of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT	4940 East	ern Avennes
	No			214 20 8739	BCH Records:	: Baltimore	, Maryland 21224
NOI	(This does not heard failure, of injury or comp  A DISEASES Of tise to the UNDERLYING	E OR CONDITION DIR EADING TO DEATH of meon the made all selhenio, etc. II means olicotion which caused NTECEDENT CAUSES R CONDITIONS, iI a above cause (A) CONDITION lost.	dying, e.g., the disease, death.)  any, giving stoting the		SE Q NC C F: A CONSEQUENCE OF:	of la	ng 4M05.
ERTIFICATION	19A-OATE OF	OPERATION 198 CONT	I (A).	VHICH OPERATION	20A. AUTOPSY? (Yes or N	o) 20B IF YES WERE	FINDINOS CONSIDERED
RTIF	251011	WAS PERF	ORMEO	-	405	IN CERTIFYING CA	USES OF DEATH? YES
CALC	OR CONTRIBUT DEATH (notify t	T WAS UNDERLYINO TINO CAUSE OF	21 B. hometc.	B, form, foctory, street, of	or obout 21C. WHERE DID	(If In Boltimor	re City, give exoct location)
<b>LEDI</b>	21D. TIME OF INJURY	(Month) (Doy) (Yearl		INJURY O CCURREO	21f. HOW OID IN	URY OCCUR?	
2	(APPROXI	DONE	Whi	Not While	· 🗆 ,		
	22. Leartify t	hat (1) (this hospital)	attended th	e deceased from	7/12	19 6 / to /2	121 1969
	that (1) (we) 1	ast saw the deceased	d alive an	17/29	19 6 7 and th	not in (my) (our) apt	nian death accurred on the date
	and haur and	from the causes state	ed above (i)	(We) (did) (did not) v	lew the bady after death.		
	23A. SIGNATUR	E	17	1. 3		<u> </u>	23B, OATE SIGNED
	Dur	UnTW.	(Wir)	After Phys	nding Med.	Staff Phys.	War 79,1969
	23C. PHYSICIAN NAME (Ty	rs /	1 ()		3D. ADORESS 4940	Eastern Ave	6, Balto, Md. 2122
	Hu	bert W	1. 016	Pry OEGREE	Balt,	(1/fe/	Hos Dital
24	A. BURFAL CREM REMOVAL (Sp	ATION, 248. DATE		ME of CEMETERY OF CRE			ty, town, or county!     Stote!
	Burial	1/2/70		ly Hill Memor	al Gardens Ba	ltimore Co.,	Md.
25	JAN 5	1933 Pales	25B. NAME O	F REGISTRAR	Brandainski F	F./	1407 Eastern Ave.
VS	150-REV. 1/1/61	3					



De004	BERTH NO. 69 13111 CERTIFICATE OF DEATH REG. NO. 69 13111
f deat ecease on th h. Suc	1. NAME OF DECEASED Elizabeth Faust Bender 2. DATE AND HOUR OF DEATH (Type or Print) BENDER MRS. ELIZABETH F. 12/29/69. 16.55PH M.
se of (5) Dec ance c	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  A. STATE  B. COUNTY  Baltimore  Loginal Baltimore
in a h g cau ause; ttende	CHURCH HOME AND MOSPITAL  E. STREET AND NUMBER
utin ed c ar a pric	427 MAION ST 21224
ntribi rmine egulo ased s mac	5. SEX 6. RACE WIDOWED DIVORCED 3-28-18 9. AGE (In yeors lost birthdoy) If Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.
or co ndete s in r dece	10A. USUAL OCCUPATION (Give kind of work los, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country)   12. CITIZEN OF WHAT COUNTRY?   13. BIRTHPLACE (Stote or foreign country)   12. CITIZEN OF WHAT COUNTRY?   13. BIRTHPLACE (Stote or foreign country)   14. BIRTHPLACE (Stote or foreign country)   15. CITIZEN OF WHAT COUNTRY?   16. BIRTHPLACE (Stote or foreign country)   16. BIRTHPLACE (Stote or foreign country)   17. BIRTHPLACE (Stote or for
direct or ; (4) Under the was in the dedisposition	13. FATHER'S NAME  AUGUSTINE E AUST  14. MOTHER'S MAIDEN NAME  MARY SAUNDERS.
ista he kind deat ce o	15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no at unknown) (If yes, give wor at dotes of service) NO  NO  16. SOCIAL SECURITY NO. 176-76-0728  17. INFORMANT  ADDRESS  LS 1 L L   AM FAUST - S14 S. WOOD WARD PR.
his ass lso, if t of any l unced tendan	18. 1991 CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  CAUSE OF DEATH  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  CAUSE OF DEATH
iner or l ner. Als acture o pronou ular att mbalme	LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or camplication which caused death.)  (A) IMMEDIATE CAUSE I RMINAL CARCINOMA.  DUE TO, OR AS A CONSEQUENCE OF:
examine (3) A from who in reguns are er	ANTECEDENT CAUSES  (B)
medical medical burns; physici an was	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
chief Body the ysici e the	19A. DATE OF OPERATION WAS PERFORMED CARCINOMA.  20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
y the ital by e; (2) chere No ph	OR CONTRIBUTING CAUSE OF Corm, factory, street, office bldg., DEATH (notify medical examiner)    O   21A. ACCIDENT WAS UNDERLYING   (If in Boltimore City, give exact location)   (If in Boltimore City, give
hospinatur natur ept w d (6)	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.)  While At Work  At Work
ppro any (exc ; an	22. I certify that (I) (this haspital) attended the deceosed from 10-23-69 19 to 12/29/69 19, that (I) (we) lost saw the deceosed alive an 12/29/69 19 and that in (my) (our) opinion death accurred an the date
assed to dent of ospital death) must be	and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.  23A. SIGNATURE  23B. DATE SIGNED
was rele An accid L at a ho prior to	Prabir K. Bose H.D. DEGREE Phys. Director Direct
T > C P B	PRABIR. K. BOSE. M.D. GEGREE Church Home & Hospital Balhoure  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, lawn, or caunty) (Stote)
- A) -	Burial 1/2/70 Gardens of Faith Cemetery Faltimore Co. No. 25A. DATE REC'D BY HEADTH DEPT. 258. AME OF FGISTRAR 25C. JUNE OF THE PARTY O
This the show was dece	JAN 5 19/0 Valsa Company Compa



VS 151-REV. 1/1/68

60 10440

(1)-41	16	19 16		BALTIMORE CITY HE					60	40.
BIRTH NO.		MED	ICAL	EXAMINER'S	CERTIF	ICATE OF	DEAT	H REG. NO	00	1311
I. NAME OF DE	CEASED				2. DATE	V V)	AA	2	V	I.,
(Type or Print)	CEASED	ALVIN	J. WO	LFORD	OF DEATH	Known X	Month	nber 31.	1969	Hnur
4. PLACE IN BA	LTIMORE, MA	ARYLAND, V	HERE PRO	NOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NO	T IN HOSPITA	AL OR INSTI	TUTION, GIVE STREET		OUNCED DEAD		mber 31.		
60	3633	Buena V	/ista	Avenue	A. STATE	Maryland		ed. If institution: B. COUNTY	residence	before odmission)
6. SEX	7. RACE		B. MARRI	ED NEVER MARRIED	C. CITY O	RTOWN		D. INSIDE CIT	Y LIMITS	?
Male	Whi	te	WIDOW			Baltimore	e	YE	s 😠	NO 🗌
9. DATE OF BIRT		10. AGE (In lost birthdo	y) /	Months, Doys, Hours, Min.	E. STREET	AND NUMBER	on Wint		7.	
Aug.11				0 0717551 05	In FATUE	3633 Buer	na vist	a Avenu	e	
11. BIRTHPLACE (		gn country)		2. CITIZEN OF WHAT COUNTRY?	13. FAIHE	R'S NAME	- 3 W W-	2.0		
14A.USUAL OCCL	JPATION (GIN		14B. KIND	OF BUSINESS OR INDUSTR	15. MOTH	ER'S MAIDEN NA	ME M.WO	10101		
done during most of Machin	working life, ev			Electric Co.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		.Wolfo	rd.		
16. WAS DECEAS	SED EVER IN	U.S. ARMED	FORCES?	17. SOCIAL SECURITY NO.	18. INFOR				DRESS	
19.				193-14-5082 CAUSE OF DEA	Edna G	.Wolford.	3633 B	uena Vis	te A	APPROXIMATE INTERVAL
E 95	3 XI			CAUSE OF DEA	ın					WEEN ONSET AND DEAT
DISEAS	SE OR COND		CTLY							
/7h/- 1	LEADING TO			(A)IMMEDIATE	AUSE Sh	otgun wour	nd of c	hest		
heort foilure	not meon the e, osthenio, etc	. It meons the	diseose,	DUE TO, OR	AS A CONSE	QUENCE OF:				
injury or co	mplication whi	ch coused de	oth.)							
A	NTECEDENT	CAUSES		(B)						
DISEASES	OR CONDITI	ONS, IF ANY	, GIVING	DUE TO, OR	AS A CONS	EQUENCE OF:				
UNDERLYI	NG CONDIT	ION LAST.	ING IHE	(c)						
<u> </u>		II								
O THE DE	ATH BUT NO	NDITIONS CO	THE TERMIN							
20A. DATE O				OR WHICH OPERATION W	AS DEDECOR	MED			21 ALIX	OPSY? (Yes or No)
1 6.1				ok milen of Ekanoli m	AS TERTOR	NLD				rtial) Yes
UNDERLYING	NAL CAUSE		2 h	2B. PLACE OF INJURY (e.g., ome, form, foctory, street, offic	In or obout	22C. WHERE DID	(II In Boltimor	e City, give exoc	t location	ne .
I SI UTING □ CA	AUSE OF DEA			home		3633 Buena	\ Vista	Avenue	13	48
≥ 22D. TIME OF INJURY	(Month) (I	Doy) (Year		22E.INJURY OCCURRED		22F. HOW DID IN	JURY OCCU	R?		
(APPROX.)	12-31-6	59 11:	30 A.		WHILE ORK	Shot self				
23.	tify that I h	eld an 1	nauisy [	Inspection Au	tial)	and that an tl	hie beste	death to miss	nln!	
								_	-	
resui	Ited fram: N	) n		Accident Suicid	erX u			red manner	1	
ACTUAL		learl	81	· Salous	ASS	CHIEF MEDICAL E				DATE SIGNED
SIGNAT	NER'S	Charles	S. Si	pringate, M.D.	•	OCIATE MEDICAL E		I Tanı	19 757	1, 1970
24A. BURIAL CRE	MATION,	24B. DATE	2 0 0	24C. NAME of CEMETERY	ar CREMAT	ORY 24D.	LOCATION	(City, town,		
REMOVAL (Spec		1-5-70		Grandview.			1+0	De		
25A. DATE REC'D			258. NA	ME OF REGISTRAR		FUNERAL DIRECTO	ltoona	AD.	DRESS	

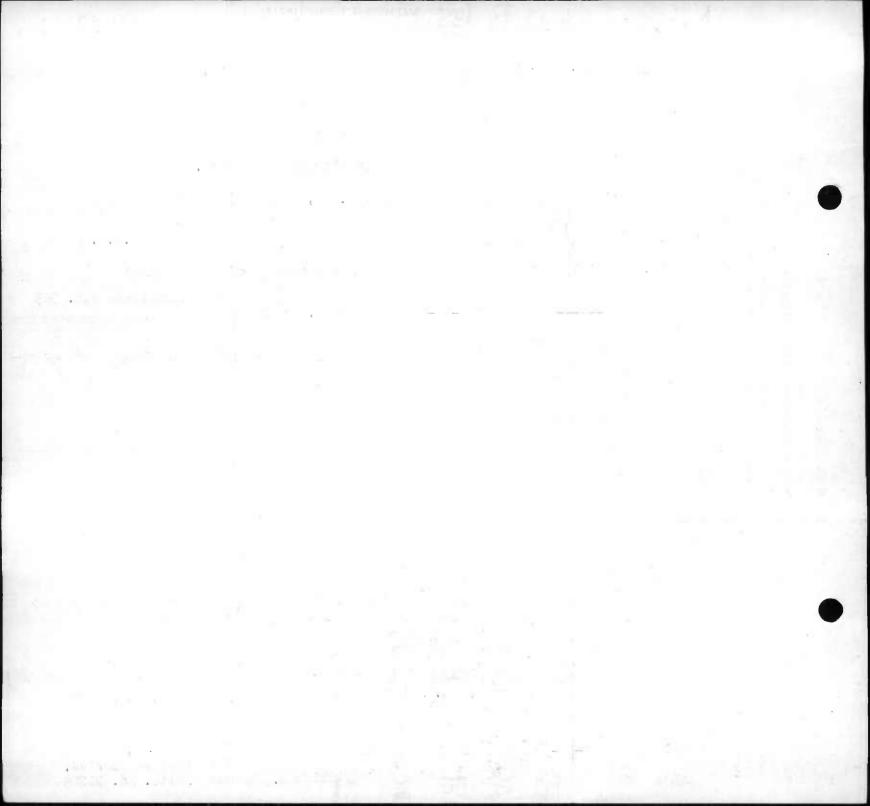
Paul E. Chenoweth Jr, 3615 Chestnut Ave.

. 1. The state of the s The state of the s 1 -1 -1 -1 .d. 7 present to a they are LA USE MORE LA . W 10 W.D. 71

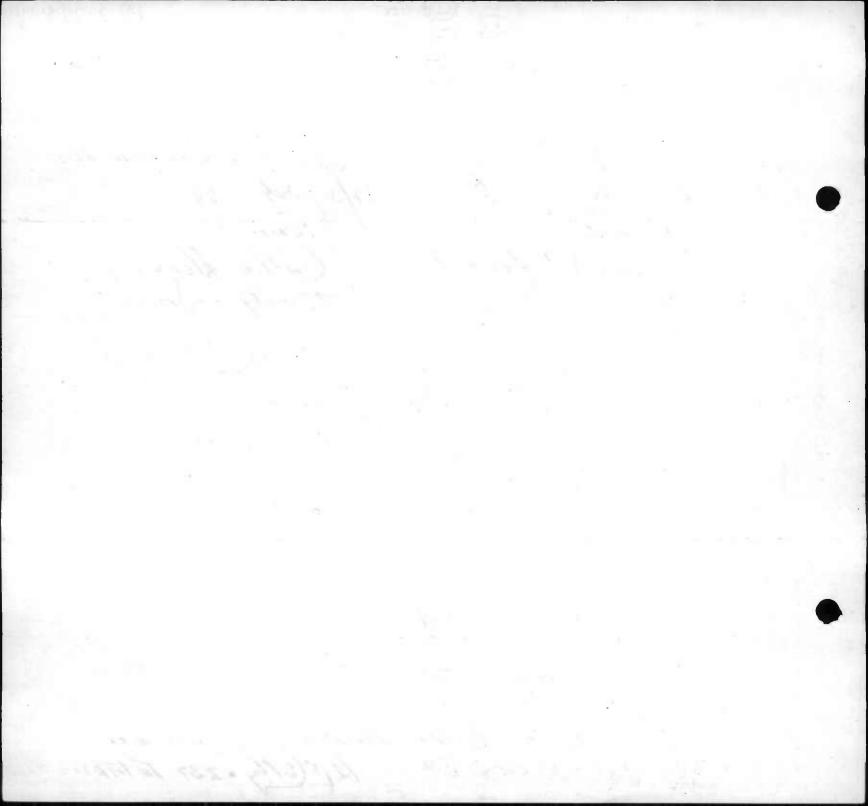
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if als	ed dar
lso,	tten
F. A	מומ
nin	gule
Kam	Kh re e
9   0	tal (except where the physician who pronounced death was in regular th); and (6) No physician was in regular attendance on the deceased prit be obtained before the remains are embalmed or final disposition is made.
edica	ysic wa
m be m	ph ian
chie	the ysic
the all b	ere ph efor
by pit	A P
hos	d (6 ain
the	exc an
d to	tal th)
ase den	deo
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death the body was released to the hospital by a medical examiner. (3) A fracture of any kind: (4) Undetermined cause: (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
vas	orio pro
dy v	od l
s ce bo	s D.
Thi	Wede

	00		BALTIMORE CITY	HEALTH DEPARTMENT		00
BIRTH NO.	5 69	13113	CERTIFICA	TE OF DEATH	REG. NO	69 13113
I. NAME OF DEC	CEASED			2, DATE A	ND HOUR OF DEATH	
(Type or Print)	col Leigh Jo	oslin		Decen	ber 29, 1969	9:00 A M
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (Wh A. STATE B. COU	ere deceased lived. If in	stitution: residence before admission)
FULL NAME OF HOSPITAL OR NSTITUTION	ADDRESS OR LOC	AL OR INSTITU	JTION, GIVE STREET	Maryland c. City of town	D. INS	IDE CITY LIMITS?
00 15	Charles Plaza			Baltimore E. STREET AND NUMBER		YES NO
				15 Charles Pla		
Female	6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min.
OA. USUAL OCC	UPATION (Give kind of wor	WIDOWED	BUSINESS OR INDUSTRY	Nov. 24, 1935	7	12. CITIZEN OF WHAT COUNTRY
Housewi	working life, even if retired)	Но	me	Maryland		U.S.A.
3. FATHER'S NA		110	212.57	14. MOTHER'S MAIDEN NA	AME	U.S. S.
Leigh	Carlisle	Sanders		Margaret	Louise Lush	
5. Wos Deceosed Yes, no or unknown	(If yes, give wor or dote	rces? es of service)	SECURITY NO.	17. INFORMANT	15 Charle	ADDRESS Plaza Apt. 503
No	*********		216-32-2519 CAUSE OF DEAT	Harry M. Josli	n	APPROXIMATE INTERVAL
(This does heart foilure, injury or cor	SE OR CONDITION DI LEADING TO DEATH not meen the mode of osthenio, etc. It meens nplication which coused ANTECEDENT CAUSES OR CONDITIONS, if e obove couse (A)	dying, e.g., the diseose, deoth.)	(B)	A CONSEQUENCE OF:	lendrogl.	BETWEEN ONSET AND DEATH
UNDERLYIN	G CONDITION lost.		(c)			
TO THE DEA	FICANT CONDITIONS CO TH BUT NOT RELATED TO T CONDITION GIVEN IN PAI	HE TERMINAL				
	F OPERATION 198. CON		WHICH OPERATION	20A. AUTOPSN? (Yes or N	No. 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF medical examiner	21 B. hom etc.J	e, form, foctory, street, o	n or obout 21C. WHERE DID	(If in Boltimo	re City, give exact lacation)
21D. TIME	(Month) (Doy) (Year)		INJURY OCCURRED	21 F. HOW DID IN	IJURY OCCUR?	
(APPROX.)		Whi	Not Whi	e 🗀		0
that (I) (we	lost sow the deceas d fram the causes sta	ed alive an	(We) (did (did nat))	view the bady after death		nian death occurred on the dat
23 PHYSICIA NAME (	ANS Type) James	M. Sow	DEGREE	230. ADDRESS 3925 Beech		o. Md. 21211
24A. BURIAL CRE	MATION, 24B. DATE	24C. N	AME of CEMETERY OF CR	EMATORY 24D.	LOCATION (C	ity, town, or county) (Stote)
Burial 25A. DATE REC'D	12-31-0 BY HEALTH DEPT.	59 Dr	uid Ridge Cem	236. FONERAL DIRECTO		unty, Maryland h Raven Blvd.
VS 150-REV. 1/1/	168 Vaber	स् पर्मार	ACE, U	Ovillian E.	Johnson Bal	to. Md. 21204



1	BALTIMORE CITY HEALTH DEPARTMENT 69 13114	
ched the	69 13114 CERTIFICATE OF DEATH	
dea dea n t	(Type or Print) 10 Tha HALDING 2. DATE AND HOUR OF DEATH 12/30/69 9 A.M.	M.
of of Ce o	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where decrosed lived. If institution: residence before admission A. STATE  B. COUNTY	n)
se (5) an de	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	
se;	INSTITUTION  INSTI	
ing cau	E. STREET AND NUMBER WAS GALTONE ACS	_
d ar de	5. SEX   6. RACE   7. MADDIED   NEVED MADDIED   B. DATE OF BIRTH   19. AGE (In years   If Under 1 Yr. If Under 24 Hr	5.
occurribu ontribu ermine regular eased is mad	WIDOWED DIVORCED 12/31/1049	
上の井 一の日	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. SIRTHPLACE (State or fareign country!  done during most of working life, even if retired)	tY?
rect or (4) Under was in the de ispositio	13. FATHER'S NAME  FLAN LOVE II 14. MOTHER'S MAIDEN NAME  HEHOLEY	
ind; eath e on ald	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or upknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.	
23 + _ E :=	18. APPROXIMATE INTERVAL	
his as Iso, if of any unced tenda	DISEASE OR CONDITION DIRECTLY	1H
Tace Ac	(A) IMMEDIATE CAUSE CONSEQUENCE OF:  (This does not meen the mode of dying, e.g.,  DUE TO, OR AS A CONSEQUENCE OF:	
ner. actur pror ular mbal	hearl failure, asthenio, etc. Il means the disease, injury ar camplication which coused death.)	
E T O B O	ANTECEDENT CAUSES  (B) HOW CONDITIONS, if any, giving DUE TO, DR AS A CONSEQUENCE OF:	
e X C - D	rise to the above cause (A) sloting the	
Sy Sy in		_
ed bo hy hy	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).	
chief r d m Body the p ysicia e the	U 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of Not) 20B. IF YES, WERE FINDINGS CONSIDERED	
	WAS PERFORMED  WAS PERFORMED  No IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF MAJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg, INJURY OCCUR?	-
y the ital b e; (2)	DEATH (notify medical examined etc.)	
S v c s	21D. TIME (Month! (Doy) (Year) (Hour! 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While At Not While	
0 0 7 2 5 5	22. I certify that (I) (this hospital) ottended the deceased from 1954 to 15/30 1969	_
an an (e); a	that (1) (we) last sow the deceased alive on 1967 and that in (my) (aur) apinian death accurred on the deceased.	
t be c sed t ant of pital eath)	and have and from the causes stated above. (1) (We) (did) (did to the body ofter death.	
de de de	23A. SIGNATURE  23B. DATE SIGNED  Attending Med. Staff	
a t a	23C. PHYSICIAN'S NAME (Typel	-
was r was r An a A. at prior	Dr. Salm Rubin MD DEGREE 35/3 Segunia une bello ho	1
T - 4	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D COCATION (City town, or county) (State)	7
This certithe body shows: (1) was D.O. deceased written a	25A. DATE REC'D BY HEALTH DEPT. 25B NAME OF REGISTRAR 25C FUNERAL DIRECTOR 37 THE TEAP J 200 CE	7
	VS 150-REV. 1/1/6B	_



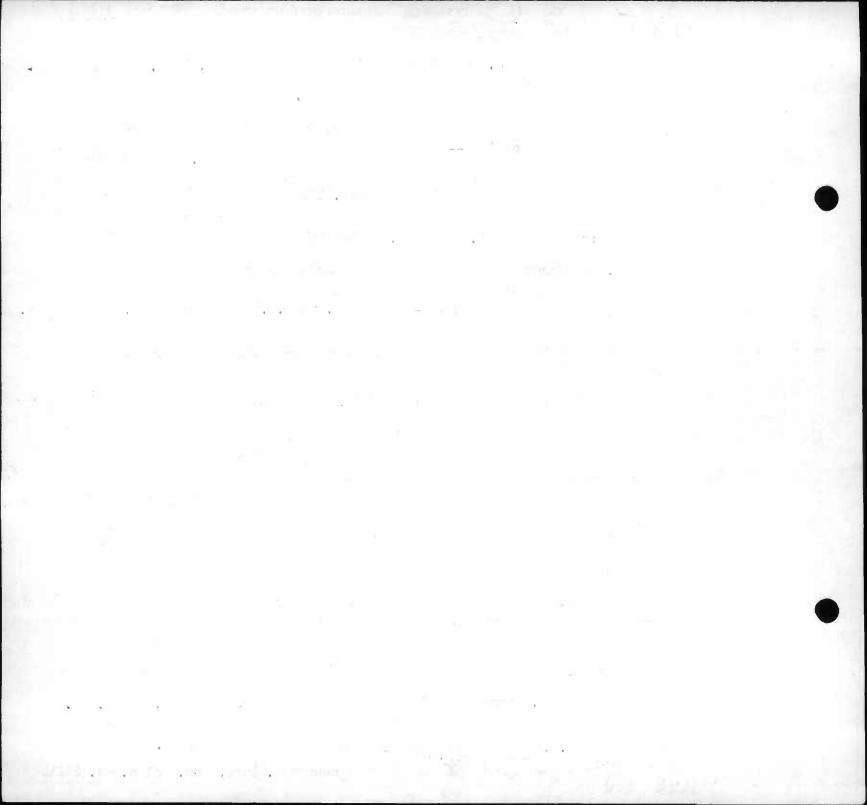
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature;:(2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	BA BA	LTIMORE CITY	HEALTH DEPARTMENT		
	C-640 69 13115 C		TE OF DEATH	REG. NO	69 13115
	BIRTH NO.			D HOUR OF DEATH	20110
-	(Type or Pfint) Carroll, Paul V.			/29/69	3-50PM
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DE	EAD	4. USUAL RESIDENCE (When	e deceased lived. If ins	titution: lesidence before admission)
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GI	VE STREET	Maryland	Balto.	1531
-	INSTITUTION		C. CITY OR TOWN	D. INSID	DE CITY LIMITS?
	University of Md. Hesp		Balto.  E. STREET AND NUMBER		YES NO
	Balto.Md. 21201			a Ra Rol+	o.Mdx2k22x 2122
	5. SEX 6. RACE 7. MARRIED NEVER	MAPPIED	12 2	9. AGE (In yours	
	Mala inatha	DIVORCED	5/19/10	lost birthdoy)	Months Doys Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS		11. BIRTHPLACE (Stote or lorei		12. CITIZEN OF WHAT COUNTRY
	done during most of working life, even if retired)  Salesman  FURNITOR	E	Maryland		USA
1	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAN	AE	
	James P.Carroll		Margaret Ke	nny	
	15. Was Deceased Ever in U. S. Armed Forces? (Yas,no or unknown) (If yes, give wor or dates of service) SECU	AL RITY NO.	17. INFORMANT		ADDRESS
	and the second s	0-7244	Patie	nt's Chart	
		JSE OF DEATH			APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		00	20	BETWEEN ONSET AND DEATH
ı	(A)	IMMEDIATE CAUS	SE Steamous	cell (	a
	heorl loilure, aslhenia, etc. It means the disease, injury or complication which caused death.	The state of the s	CONSEQUENCE OF:	the Emeta	estacis
	ANTECEDENT CAUSES	00		bouls	
i		DUE TO, OR AS	A CONSEQUENCE OF:	W6	
	rise to the above couse IAI stoting the UNDERLYING CONDITION last. (C).		<i>(</i> /		
	11			***************************************	
I	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).				
1	O DISEASE OR CONDITION GIVEN IN PART 1 (A).	FD 4 710 14	1204 4477 5044 (V		
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OP WAS PERFORMED	EKATION	20A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
	OR CONTRIBUTING TICALISE OF	INJURY (e.g., In	or obout 210. WHERE DID	(If In Boltimore	City, give exoct location)
	DEATH (notify medical examiner)	ciory, streot, on	ce bidg. INJURY OCCUR?		
	OF INJURY (Month) (Doy) (Year) (Hour) 21E. INJURY O	CCURRED	21F. HOW DID INJU	JRY OCCUR?	
1	Z [APPROX.] While A! Work	Not While At Work			
	22. I certify that (I) (this haspital) attended the deceas	ed from	e. 28 1	969 10 Bac	19/19
	that (1) (we) last saw the deceased alive on	29	19		an death occurred on the date
	and have and from the causes stated above. (1) (We) (di	d) (did not) vi	ew the bady after death.		
	23A. SIGNATURE	Atten	ding Med. M		3R DATE SIGNED
	33C. PHYSICIAN'S	DEGREE Phys.	Director L F	Phys.	12/29/67
	NAME (Type)	2.	3D. ADDRESS	0 11 -	, , , , ,
	24A. BURIAL CREMATION, 24B. DATE   24C. NAME of CE	DEGREE METERY OF CREA	U. of Maryland	( Jeag)	/
	REMOVAL (Specify)	B	AATORY 24D. LO	A LICHY,	town, or county) (Stote)
	25A. DATE REC'D BY HEALTH DEPT. 25B. TAMES TEGISTR	AR	25C. FUNERAL DIRECTOR	Jacking.	ADDRESS
	IAN 5 BN Vallet & James 73	00	Jalog End	my BOR	atemall mo.
110	10 100 note 12 12 11 n				

	CERTIFICATE OF DEATH REG. NO. 69 13116
I. NAME OF DECEASED CHELLS (Type or Print) TINA BURNS	2. DATE Known Month Doy Yeor Hnur
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	3. DATE Month Doy Yeor Hour PRONOUNCED DEAD December 31,1969 9:35 A.
UNION MEMORIAL HOSPITAL (DOA)	S. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)  A. STATE  Maryland  B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED Female White WIDOWED DIVORCED	C. CITY OR TOWN D. INSIDE CITY LIMITS?  Baltimore YES X NO
9. DATE OF BIRTH   10. AGE (In years   1 Under 1 Yr. If Under 24 Hrs.   9/28/69   Iost birthday)   Months   Days   Hours   Min.	E. STREET AND NUMBER  809 Gorsuch Avenue
11. BIRTHPLACE (State or lareign country)  12. CITIZEN OF UWHAT COUNTRY?	James Burns
dane during most of working life, even if rettred)	Bonny Klitenic
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (Il yes, give wor or dotes of service)  17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS James Burns same
LEADING TO DEATH  (This does not mean the made of dying, e.g., heart latture, asthenia, etc. it means the disease, injury or complication which caused death.)	death in infancy  CAUSE AS A CONSEQUENCE OF:  AS A CONSEQUENCE OF:
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	AS PERFORMED 21. AUTOPSY? (Yes or No)
0	yes
22B. PLACE OF INJURY (e.g., home, form, loctory, street, offic	in ar about 22C. WHERE DID (II in Boltimore City, give exact location) e bldg., etc.) INJURY OCCUR?
OF INJURY WHILE AT NOT	WHILE ORK
23.	and that on this basis, death in my opinion    Homicide
25A. DATE REC'D BY HEALTH DEPT.  25B. NAME OF REGISTRAR  AN 5 1970 Robert Avantage A	25C. FUNERAL DIRECTOR ADDRESS Leonard J. Ruck Inc. Balto. Md.

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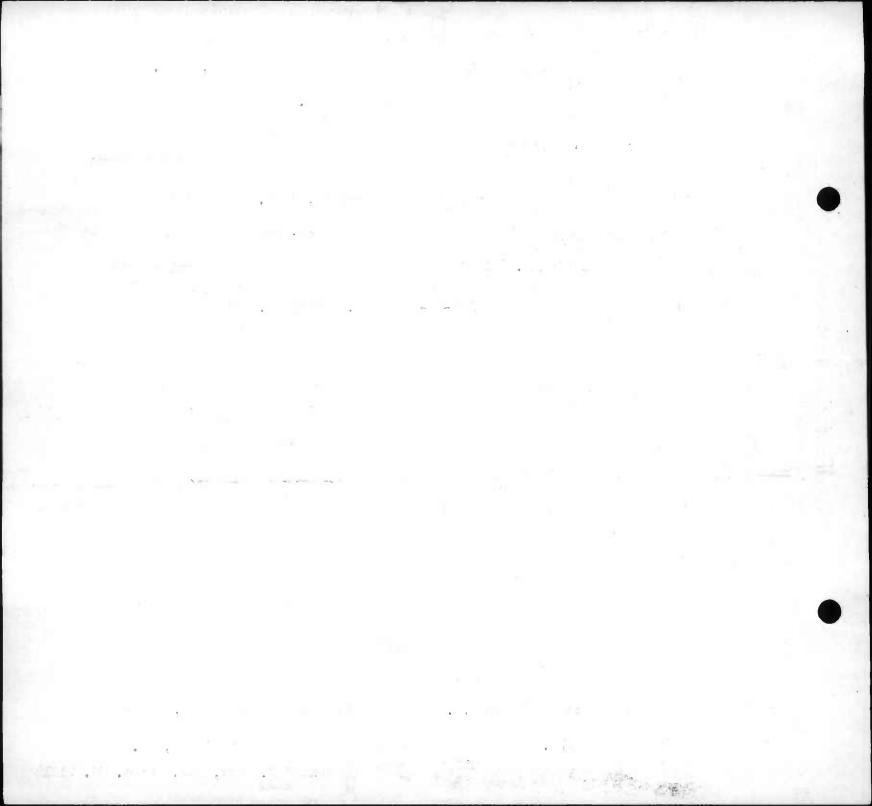
1. NAME (Type or	OF DECEASED	BENJAMIN F.		TE OF DEATH  2. DATE AND HOUR December 3:		. 4:45 A.
	E IN BALTIMORE, MA	RYLAND, WHERE PRON	OUNCED DEAD	4. USUAL RESIDENCE (Where decease A. STATE Md.		
HOSPITA	AME OF (IF NOT L OR ADDRES	IN HOSPITAL OR INST	TITUTION, GIVE STREET	c. CITY OR TOWN Baltimore		DE CITY LIMITS?  YES IC NO
99	Johns H	opkins H <b>e</b> spi	italDOA	E. STREET AND NUMBER	N. Stre	eeper Street
Ma.	6. RACE White		D X NEVER MARRIED DIVORCED DIVORCED	Dec. 23, 1901		If Under 1 Yr. If Under 24 Hr. Manths Doys Hours Min.
	g most of working life, ev	en if retired)	L.Martin Co.	11. BIRTHPLACE (Stote or foreign country  Maryland	y}	12. CITIZEN OF WHAT COUNTR
	er's NAME			14. MOTHER'S MAIDEN NAME Bertha Green		
5. Wos Yes, no o	Deceosed Ever in U. S. unknown) (If yes, give	Armed Farces? war or dates of service	16. SOCIAL SECURITY NO. 216-07-6496A	17. INFORMANT Mrs. Benj.F.Van Ho	rne. 81	ADDRESS  8 N. Streeper St.
hear		O DEATH  mode of dying, e.g., II means the diseastich coused death.)	, ,	USE CEREBRACTI A CONSEQUENCE OF:		
rise		IONS, if ony, givin ouse (A) stating th IN lost.		REBRAL ARTERIO	050.00	-7-0315 70 YZ41C-
NO THI DISE	IO THE OBOVE CONDITION  RESIGNIFICANT CONDITION  HE DEATH BUT NOT REASE OR CONDITION GET	OUSE (A) stating the North Nor	(c)	PARATIYYROIDIS	5M	3485.
AL CERTIFICATION OLUMBER OLUMB	IO THE OBOVE CONDITION  RESIGNIFICANT CONDITION  HE DEATH BUT NOT REASE OR CONDITION GET	OUSE (A) stating the North Nor	(c)	PARA TIYYROIDIS  20A. AUTOPSY? (Yes or No) 20B. IF IN CEI	YES, WERE FI	3485.
WE CERTIFICAL OF THE CONTROL OF THE	IN TIME (Month) (D Certify that (I) (the	OUSE (A) stating the North Nor	G HYPO F  R WHICH OPERATION  TIE. PLACE OF INJURY (e.g., iome, form, foctory, street, order).  TIE. INJURY OCCURRED  While At Not While At Work  At the deceased from	20A. AUTOPSY? (Yes or No) 20B. IF IN CEI n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID INJURY OCC	YES, WERE FIRTHYING CAU (If in Boltimore)	3 V/C5. INDINGS CONSIDERED ISES OF DEATH? City, give exoct locotion
WEDICATION WEDICATION WEDICATION WEDICATION WEDICATION OF I APP  21D. CAPP  21D. CAPP  22D. CAPP  23D. CAPP  2	IN THE OBOVE COPERLYING CONDITION  IT SIGNIFICANT CONDITION  HE DEATH BUT NOT REASE OR CONDITION OF OPERATION  ACCIDENT WAS UNITED TO THE CONTRIBUTING CANTES OF CONTRIBUTING CANTES OF CA	ouse (A) stating the Note of the Note of the Stating of the Statin	G HYPO F  R WHICH OPERATION  TIE. PLACE OF INJURY (e.g., indice, form, foctory, street, onto)  TIE. INJURY OCCURRED  While At Not While At Work  At Work  The deceased from th	20A. AUTOPSY? (Yes or No.) 20B. IF IN CEI n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?  21F. HOW DID INJURY OCC  21F. HOW DID INJURY OCCUR?  19 9 and that in (m) riew the bady after death.	YES, WERE FIRTHYING CAU (If in Boltimore)	3 V/C5. INDINGS CONSIDERED ISES OF DEATH? City, give exoct locotion
NOTH TO SE UNI OF THE TOTAL OF	IN THE CONTRIBUTION CONTRIBUTIO	ouse (A) stating the Note of the Control of the Station of the Sta	G HYPO F  R WHICH OPERATION  The PLACE OF INJURY (e.g., indice, form, foctory, street, order).  The INJURY OCCURRED  While At Not White At Work  At Work  The deceased from 12/30  The Company of the deceased	20A. AUTOPSY? (Yes or No) 20B. IF IN CEI  n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?  21F. HOW DID INJURY OCC  22F. HOW DID INJURY OCC  23D. ADDRESS  5525 Bela:	YES, WERE FIREFYING CAU (If in Boltimore CUR?  to Cur?	3 Y/C5  INDINGS CONSIDERED USES OF DEATH?  O City, give exact location



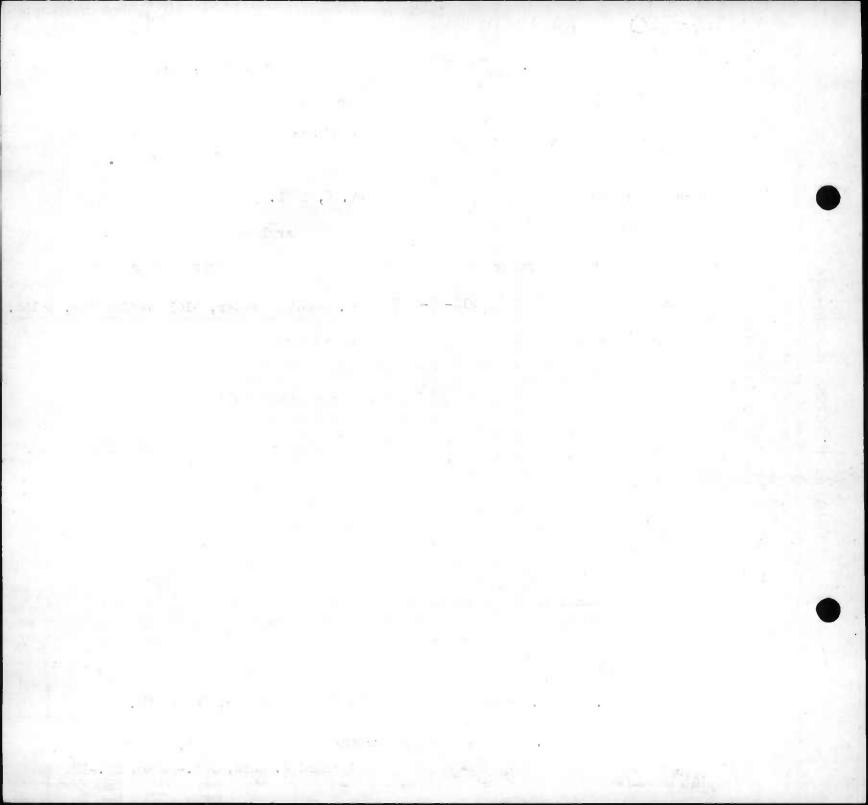
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approved by the chief medical examiner or his assistant if death occurred in a hospital and of the hospital by a medical examiner. Also, if the direct or contributing cause of death any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased (except where the physician who pronounced death was in regular attendance on the ); and (6) No physician was in regular attendance on the cause of the deceased prior to death. Such	rem
a nody he p	the
by (2) B	fore
by the re; (No No	d be
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was A. a.	ppr
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the	written approval must be obtained before the remains are embalmed or tinal disposition is made.
his how how as	ritt

VS 150-REV. 1/1/68

	1	BALTIMORE CITY	HEALTH DEPARTMENT	69 13118
BIRT	1-624 69 1311	8 CERTIFICA	TE OF DEATH REG. NO	09 12118
	AME OF DECEASED  or Print)  MARGARET	MARKLE	December 31, 196	
3. P	LACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If	institution: residence before admission)
HO	L NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	C. CITY OR TOWN D. IN.	SIDE CITY LIMITS?
INS	TTUTION		Baltimore	YES X NO
9	Gould Convalesarium	1	E. STREET AND NUMBER 3224 Orla	ndo Avenue
5. \$1	Female White Widov	IED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost birthdoy) 83	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 108, KINE during most of working life, even if retired)  Retired Seamstress			12. CITIZEN OF WHAT COUNTRY
13. F	ATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	William A. S	imith	Loui	se Fink
15. V	Vas Deceosed Ever in U. S. Armed Forces? no or unknown) (If yes, give wor or dotes of servi-	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	No		Mr. William A. Smith	(Same)
ATIC	(This does not mean the mode of dying, heart failure, osthenia, etc. If means the dise injury ar complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, givenise to the above cause (A) stating UNDERLYING CONDITION last.  I OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINDISEASE OR CONDITION GIVEN IN PART 1 (A).	ing (B)	A CONSEQUENCE OF:  A CONSEQUENCE OF:  A CONSEQUENCE OF:	ular 10 zrazo?
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERI	E FINDINGS CONSIDERED AUSES OF DEATH?
O	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF tNJURY (e.g., i home, form, foctory, street, of etc.)	n or about 21C. WHERE DID (If in Boltim ffice bidg., INJURY OCCUR?	ore City, give exact location)
MEDI	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E, INJURY OCCURRED  While At Not While Work  Not Work		
	22. I certify that (I) (this haspital) attendent that (I) (we) last sow the deceased alive			Dinian death accurred on the date
	and havr and fram the causes stated abav	e. (1) ( <del>We</del> ) ( <del>did)</del> (did nat) v	iew the body after death.	
	23A. SIGNATURE	/		23B. DATE SIGNED
	( ( ) ( ) / ( )	AHo	nding KD Med C Shell C	
	Frederick & Volle	- DEGREE	Med. Staff Phys.	Jan 2, 1970
	Frederick & Volle 23C. PHYSICIAN'S NAME (Type)	en M D	23D. ADDRESS	
	Jrederick J. Volle  23C. PHYSICIAN'S NAME (Type)  Frederick J Vollm  BURIAL CREMATION,  248. DATE    249.	- Dedrice	6100 York Rd Baltimore,	
	Jrederick J. Volle  23C. PHYSICIAN'S NAME (Type)  Frederick J Vollm	er M.D. DEGREE	6100 York Rd Baltimore, MATORY 24D. LOCATION	Maryland City, town, or county) (Stole)

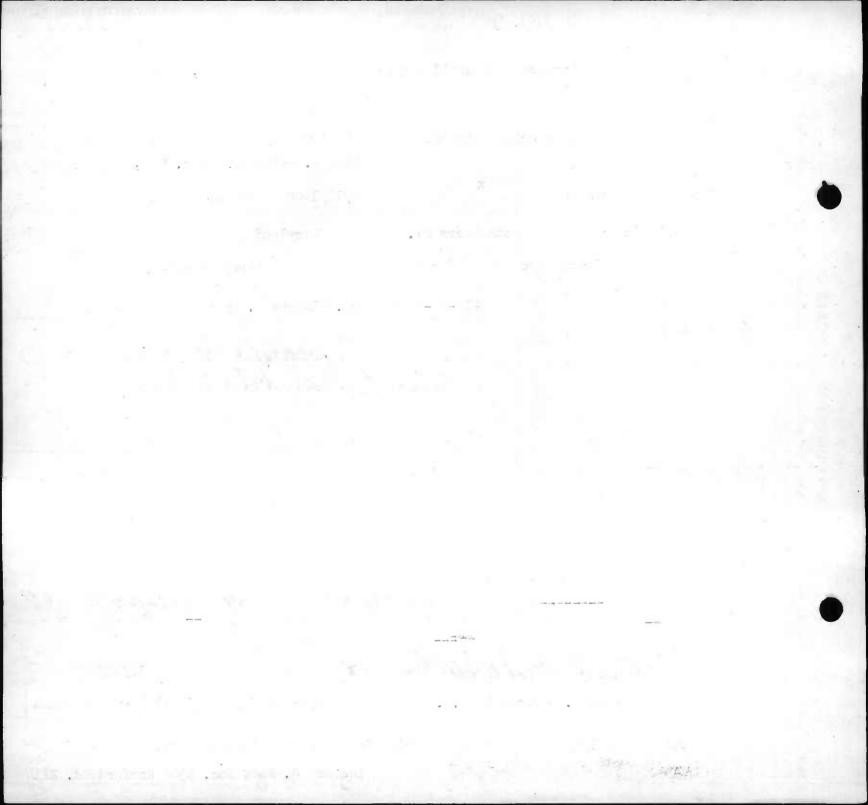


/	7-520 69 13119 CERT	IFICA	TE OF DEATH REG. NO. 69 13	119
1, N	ANNA A. MINNICK		December 31, 1969	1 A.M.
FUE	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE S SPITAL OR ADDRESS OR LOCATION)  HOUSE IN THE PINES BELATRI		4. USUAL RESIDENCE (Where deceosed lived. If institution: residence A. STATE B. COUNTY  Maryland  C. CITY OR TOWN  Baltimore  E. STREET AND NUMBER  4103 Woodlea Ave.	belore odmission)
5. S	MARKIES IVEVER IMA		B. DATE OF BIRTH 9. AGE (in years II Under 1 Yr. Months; Doys	II Under 24 Hrs. Hours Min.
		_	Nov. 5, 1881.	COUNTRY.
	. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR a during most of working life, even if retired) Housewife	INDUSTRI	Maryland US	WHAT COUNTRY
13. [	FATHER'S NAME Adam Graber		14. MOTHER'S MAIDEN NAME Anna Hemler	
5. V Yes	Was Deceased Ever in U. S. Armed Forces? ,no of unknown) (II yes, give wor or dotes of service) No	0193B	The state of the s	Ave, Balto
ERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION  19B. CONDITION FOR WHICH OPERA WAS PERFORMED	EDIATE CAU TO, OR AS DENER TO, OR AS	USE A CONSEQUENCE OF:  A CONSEQUENCE OF:  A CONSEQUENCE OF:  20A. AUTOPSY? (Yes or No)  20B. IF YES, WERE FINDINGS CONS IN CERTIFYING CAUSES OF DEATH	
CAL	OR CONTRIBUTING CAUSE OF home, form, foctor etc.)		Hice bidg., INJURY OCCUR?	locotion)
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCC While At Work	Not While At Work	21F. HOW DID INJURY OCCUR?	
	22. I certify that (I) (this hespital) attended the deceased that (I) (we) last sow the deceased alive on	2-10	19 6 7 and that in(my) (ow) opinion death acc	31 1969 urred on the dat
	23A. SIGNATURE	did hai) v	23B, DATE SIGN	ED
	adam Sturn	OEGREE Phys	ending Med. Staff 17-31	-69
	23C.PHYSICIAN'S NAME (Type) Dr. Adam G. Swiss		6232 Belair Road, Balto, Md.	
24A	BURIAL CREMATION, 24B. DATE 24C. NAME of CEME	TERY OF CRE		y) (Stote)
254	burial 1/3/70. Rock Spr	ing Cen		DRESS
ZSA	AND THE REC'D BY HEALTH DEPT. 250 NIME OF BUSISTRAR	1	Leonard J. Rick, IncBalto, Md.	



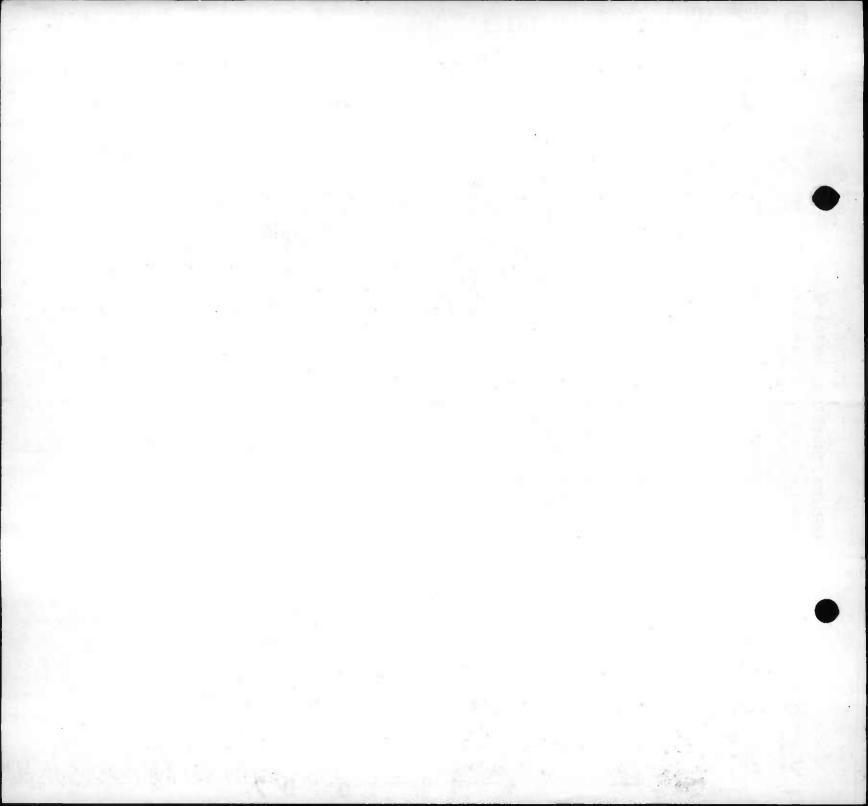
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	death death eased n the Such		TH NO.	EASED					
	de de cea	(Тур	pe or Print)		Clarer	ce Mi	tchell	Mays	
	of of Dec ath.	3.	PLACE IN BAL	TIMORE, MA					4. US A. ST
	se (5) anc dec	FU HC	LL NAME OF SPITAL OR STITUTION	(IF NOT	IN HOSPITA	AL OR INSTITUTION)	Jπon, GIVE S	STREET	C. CI
	O C C C C C C C C C C C C C C C C C C C	1	44	Uni	ion Men	norial H	Hospi <b>tal</b>		E. ST
	de de de	S. 5	EV	6. RACE		7			B. DA
	th occurred in contributing etermined can regular att		Male	Caucas		WIDOWED	NEVER MA	ORCED	9
	re-re-		USUAL OCC						11. BI
	E - 5 - 5 - 5	don	Mechan		en it retired)	John	Deere C	o.	
	if dect o 4) Un was the c	13.	FATHER'S NA						14. M
				All	bert Ma	ays			
MINORIAN	9 9 9 9		Was Deceased s, no or unknown				16. SOCIAL SECURITY 218-05-	-9647	17. IN Mr
2			18.4/0	SE OR CON	DITION DIS	ECTLY	CAUSE	OF DEATH	1
	Als noun		(This does r	LEADING T	O DEATH made of	dying, e.g.,	(A) IMA	AEDIATE CAU	SE A CON
C K	aminer. A fractur Nho pro- regular		injury or con	nplication wh	ich coused		Se	were.	Co
FUNEKAL DIRECTOR	O X C E D		rise la lh	OR CONDITION	ause (A)			TO, OR AS	A COI
5	cal cal ns; ( iciai as i		ONDERLING	П	n iasi.		(C)		
AL	medical ex medical ex y burns; (3) physician ian was in	ATION		FICANT COND TH BUT NOT RI					
ZEK	dy dy e p	ERTIFICA	19 A. DATE OF	ONDITION GI		DITION FOR	WHICH OPERA	TION	20
5	00000	AL CER	21 A. ACCIDE OR CONTRIBU DEATH (notify	NT WAS UND	USE OF	218, hom	PLACE OF IN	IJURY (e.g., in	n or ob
	by pito	EDICA	21 D. TIME	(Month) (D			INJURY OCC	LIBRED	
	10 J C 10	ME	OF INJURY (APPROX.)		, , , , , , , , , , , , , , , , , , , ,		ile At	Not While	e 🗀
	pproved the hos any nati (except ; and (6		22. I certify	that (I) (111	a hospital	attended t	he deceased	fram	7/:
	g 0 - ( e		that (I) (wa)	last saw th	ne decease	d alive on			
	t be a sed to ent of spital leath)		and hour and		aus <b>e</b> s stat	ed abave. (I	) (神色型化)	(did not) v	iew tl
	released taccident of a hospital a hospital to death	1	7	Thu.	11-10	refell	feld	Atte Phys	nding.
	This certificate must be the body was released shows: (1) An accident was D.O.A. at a hospite deceased prior to deathwritten approval must		NAME (1	Johr	H. Hi	rschfel	d M.D.		23D. A
	Y W (1) / W O.A.	244	BURIAL CRE	MATION, 24	B. DATE	24C. N	AME OF CEME	TERY OF CRE	MATO
	cert Sody 7s: ( D.O ase		Burial	]	1/2/70		dens of	Faith	Cer
	This certi the body shows: (1 was D.O. deceased	254	A DATE REC'D	BY HEALTH	DEPT.	25B. NAME C	DE_REGISTRAR		25
	サポポッション	J	GNA	DIU Va	SOCIE C'	Mariages.	CA	1 1	L

171 00	SA 60 4	2400	BALTIMORE CITY	HEALTH DEPARTMEN	NT	00 40400
111-52C	0 69 1	SIZU	CERTIFICA	TE OF DEAT	H REG. NO	69 13120
INAME OF DE	ECEASED			2, DA	TE AND HOUR OF DEAT	H
(Type or Print)	Clama	200	A-1-73 M	D	00 7	5 25
	Clare) ALTIMORE MARYLAND, W	HERE PRONO		4. USUAL RESIDENCE A. STATE B.	ecember 29, 1 (Where deceased lived, If COUNTY	institution: residence before admission)
FULL NAME O HOSPITAL OR INSTITUTION	F (IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU ATION)	UTION, GIVE STREET	Mary Land c. CITY OR TOWN	D. 11	NSIDE CITY LIMITS?
44	Union Men	morial H	Hospi tal	Baltimore E. STREET AND NUMI		YES X NO
				1102 E. Be		
Male	6. RACE Caucasian	7. MARRIED	NEVER MARRIED DIVORCED	9/12/1900	9. AGE (In years last birthday)	If Under 1 Yr. 1f Under 24 Hrs. Months Doys Hours Min.
	CUPATION (Give kind of work	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	or fareign country)	12. CITIZEN OF WHAT COUNTRY
done during most of Mecha	of working life, even if retired)	John	Deere Co.	Maryl	and	USA
3. FATHER'S N.	AME			14. MOTHER'S MAIDE	NNAME	
	Albert M				Sarah Alice	
	ed Ever in U. S. Armed For wn) (If yes, give wor or dote		16. SOCIAL SECURITY NO. 218-05-9647	Mrs. Blanch	e M. Mays	ADDRESS Same
			CAUSE OF DEAT		o iii iidyb	APPROXIMATE INTERVAL
nise la l UNDERLYII	OR CONDITIONS, if the above cause (A) NG CONDITION last.  I USECANT CONDITIONS CO	slating the	(C)	A CONSEQUENCE OF:		
<b>▼</b> DISEASE OR	ATH BUT NOT RELATED TO T CONDITION GIVEN IN PAR OF OPERATION 19B. CON WAS PER	IT 1 (A).	WHICH OPERATION	20 A. AUTOPSY? (Yes	or No) 20B. IF YES, WER	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRI	DENT WAS UNDERLYING DEUTING CAUSE OF	218, hom etc.	PLACE OF INJURY (e.g., ine, form, foctory, street, o	n or obout 21C. WHERE I	DID (If In Boltin UR?	nore City, give exact location)
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor)		ile At Not While	e 🗂	D INJURY OCCUR?	
22   2004	fy that (1) (this hospital	H) attended a	he deceased from	7/3/	1954 to	12/29 1969
	last saw the decease		ne deceased from	19		spinion death accurred on the dat
	and from the causes sta		)\ (#\#\#\#\d)\ (did ==a\ .			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
23A. SIGNA	/	ied obove. (I	(ala not) V	Tew the body offer de	eum,	238, DATE SIGNED
ZSA. SIGNA	11/1/	40001	ala latais	ending Med.	C Shell C	
/	11 aut . 11	yell	DEGREE Phy	Director	Staff Phys.	12/30/69
23 C. PHYSIC NAME	John H. Hi	rschfel		23D. ADDRESS 6919	Harford Road	Baltimore Maryland
24A. BURIAL CI REMOVAL	REMATION, 24B. DATE		AME of CEMETERY OF CR	EMATORY 2		(City, town, or county) (Stote)
Burial	1/2/70		dens of Faith	Cemetery	Baltimore Ma	ryland
JAN 5	1970 Pober E	25B. NAME S	DE_REGISTRAR	Leonand J	ECTOR	ADDRESS 05 Harford Rd. 2214
/S 150-REV. 1/1	1/68					



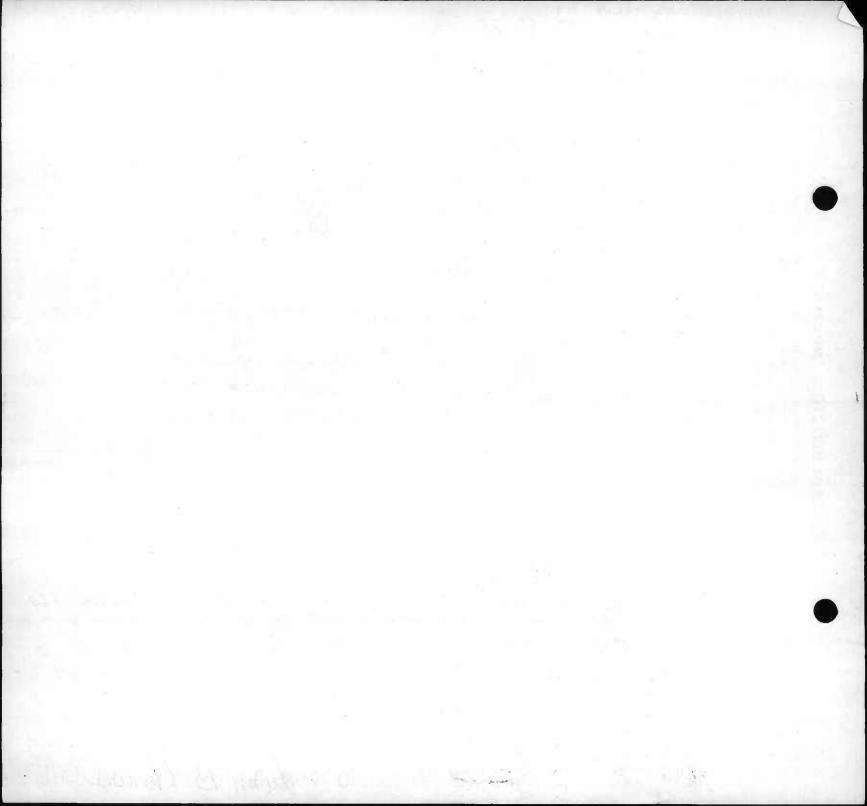
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1 4 40 00 404	BALTIMORE CITY	HEALTH DEPARTMENT		00 42404
J-6/2 69 131	CERTIFICA	TE OF DEATH		69 13121
(Type or Print) Lorna M.	Jarvis		MOR OF DEATH	969 6:50 Am
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where		tution: residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	Maryland C. CITY OR TOWN	D. INSIDE	E CITY LIMITS?
1118 W. 38th	Street	Baltimore	1	res No
00	3 [1 66]	E. STREET AND NUMBER	38th S	treet
5. SEX 6. RACE 7. MARE WIDON	NED NEVER MARRIED DIVORCED DIVORCED		st birthday	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
done during most of working life, even if refired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign	Country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E 1 1 1	0.0.1.
0 - 1 9 0	ry	Plary	Miller	
15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of serv	6. SOCIAL SECURITY NO.	17. INFORMANT	T .	ADDRESS
No	1217-56-526	John G.	Jarvis	Same.
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEAT		9 8	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAL	ISE Bronchie	Hesis	25 years
(This does not mean the made of dying, heart foilure, asthenia, etc. It means the dise		A CONSEQUENCE OF:		0
injury or camplication which coused deeth.)  ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, if ony, gi	ring	A CONSEQUENCE OF:		
rise to the obove couse (A) stoling UNDERLYING CONDITION lost.	(C)	***********		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI				
U 19A. DATE OF OPERATION 19B. CONDITION I	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN	NDINGS CONSIDERED
WAS PERFORMED			IN CERTIFYING CAUS	
OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltimore	City, give exoct locotion)
21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21 E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
(APPROX.)	While At Not While Work At Work			
22. I certify that (1) (this haspital) attend		19		
that (I) (we) last saw the deceased alive			t in(my) (aur) aplni	an death accurred an the date
and haur and fram the causes stated above	e. (1) (We) (did) (did nat) v	riew the bady after death.	12	23 B. DATE SIGNED
Man Am S Ha	PUCTAR DA A DE		taff hys.	12/31 /69
23C.PHYSICIAN'S	DEGREE	23D. ADDRESS	7. H	
Sheldon Gol	ageier Mu	848 U	0 36 1	
REMOVAL (Specify)	C. NAME OF CEMETERY OF CR	EMATORY 24D. LO	CATION (City,	, town, or county) (Stote)
Durial 31 Dec 69		ark Lem.	Woodlan	
	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	Top of 31 81	RMODIBOH MI
V\$ 150°REV. 1/1/68	8 9 0 g	Oprage	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	some 1 Jul 10, 110



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

		BALTIMORE CITY	HEALTH DEPARTMENT	0	0 42400
BIR	1-140 69 1312	22 CERTIFICA	TE OF DEATH	REG. NO.	9 13122
	AME OF DECEASED 1 SP.	Duvall	2 PATE AND	Aber 28 196	91 3 Pm.
3.	LACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE) A B. COUNT	deceosed lived. If instituti	on: residence before admission)
HC	LL NAME OF (IF NOT IN HOSPITAL OR IN SPITAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	C.CITYORTOWN	D. INSIDE C	2755 ITY LIMITS?
	1 1 1 1		Saltimor	e YES	NO 🗌
7	I've westey how	ne	E. STREET AND NUMBER	Rogers Av	e 2/209
5. \$	EX F 6. RACE WIDOW		B. DATE OF BIRTH 7 NOV 1878	ast birth (by)	Under 1 Yr. If Under 24 Hrs. nths: Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 10B, KIND during mest of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country) 12.	CITIZEN OF WHAT COUNTRY?
	None		Marylar	d	U.S.A.
13.	FATHER'S NAME O B. L	1.	14. MOTHER'S MAID IN NAM	E 7	
2.0	1.1.0	ingham	Louis	a Lepp	
(Yes	Nos Deceosed Ever in U. S. Armed Forces? , ne or unknown) (If yes, give war or dates of service	6. SOCIAL SECURITY NO.	17. INFORMANT	11	ADDRESS
	NO	213-10-8176 CAUSE OF DEAT	A Wesley	nome	Same
	DISEASE OR CONDITION DIRECTLY		11 1-11	. — 0 7	BETWEEN ONSET AND DEATH
	(This does not mean the mode of dying,				1
	heort failure, asthenia, etc. It means the disectiniury or complication which caused deoth.)	ise,	contin rase	ular discose	
	ANTECEDENT CAUSES	(B)			
	DISEASES OR CONDITIONS, if any, givenise to the obove cause (A) stoting	ing DUE TO, OR AS	A CONSEQUENCE OF:		
	UNDERLYING CONDITION last.	(C)			
z	Ш				
ATION	OTHER SEGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).				
ERTIFIC/		OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDI	NGS CONSIDERED OF DEATH?
CERTI	0	210 DI ACE OF INITIDAY	a at about 21 C WHERE DID		
CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer)	21 B. PLACE OF INJURY (e.g., i home, farm, foctory, street, o etc.)	fice bldg., INJURY OCCUR?	(It in Boltimore City	r, give exact location)
1 -	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
5	(APPROX)	While At Work Not While At Work	° 🔲	, _	0
	22. I certify that (I) (this haspital) attended		and the commence of the commen	965 to 281	Seember 1969.
	that (I) (we) lost sow the deceased alive	on 23 Necessis	62 19 6 9 and the	t in(my) (out) apinion	deoth accurred on the date
	and hour and from the couses stated above	e. (1) (We) (did) (did not) v	iew the body after death.	102.0	DATE SIGNED
	O SI/A	Atte	ending Med.	Staff 7	DATE SIGNED
	23¢. PHYSICIANS	DEGREE	s. Director L 1 23D. ADDRESS	Phys. U	mec 67
-	NAME TYPO	Darmahu	1652 F	Belueder	e Ave
244	BURIAL CREMATION, 248, DATE 240	DEGREE OF CEMETERY OF CR	MATORY 24D. LO	CATION (City, to	wn, or county) (Stote)
	Burial 31 Dec 69	Oak Grove	e Cem.	Glenwood,	Maryland
25A	. DATE REC'D BY HEALTH DEPT. 25B. NAM	AE OF REGISTRAR	25C EUNERAL DIRECTOR	E 0 1411	ADDRESS
VS	ISO PEN 1/1/68	3 0 O	1 10 Jorga 232	Funexal (Ho	mes Dalto. Mr

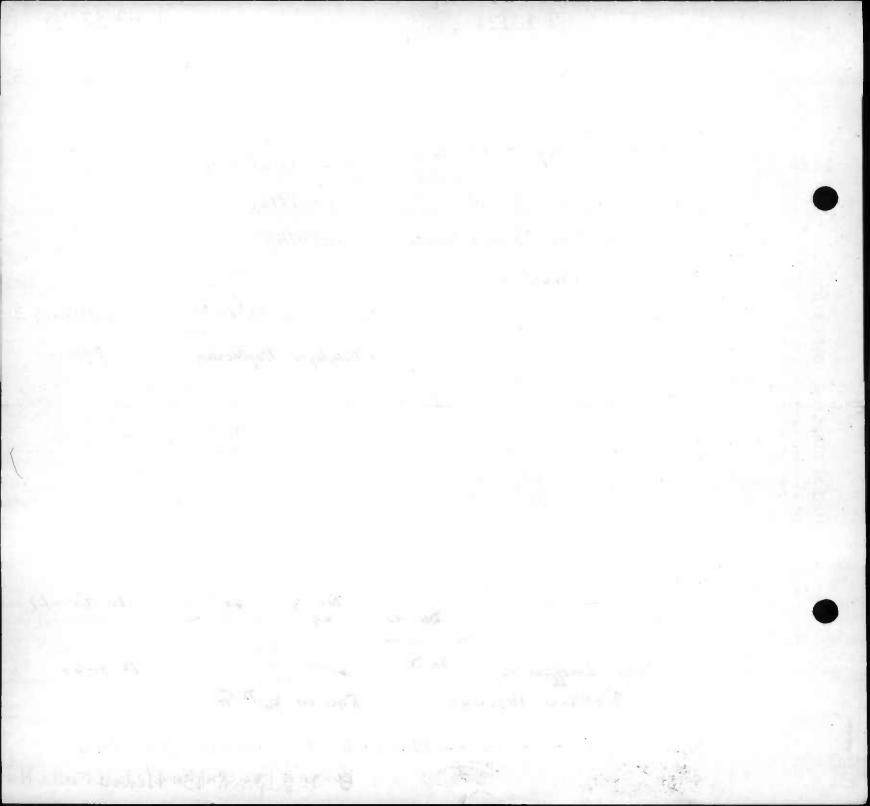


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BALTIMORE CITY HE	ALTH DEPARTMENT	
L-364 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	00 40400
BIRTH NO.	CERTIFICATE OF DEATH REG. NO.	03 10152
1. NAME OF DECEASED	2. DATE Knawn Manth Doy	Year Hour
(Type or Print) PAMELA LUTTRELL	OF DEATH Estimated	
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD 12 28	69 1:05 P. <sub>M</sub>
HOSPITAL ADDRESS OR LOCATION)	5. USUAL RESIDENCE (Where deceased lived. If institution; re-	
	A STATE B COUNTY	sidence detare damission)
Sinai Hospital	Md. Ba/to.co.	5500
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY L	IMITS?
Female   White   WIDOWED   DIVORCED	Balto. YES	No 🗆
9. DATE OF BIRTH 10. AGE (In years   H Under 1 Yr. If Under 24 Hrs.   Months   Doys   Hours   Min.	E, STREET AND NUMBER	
1-19-1960 ost birthdoy) Months; Doys; Hours; Min.	6919 Falls Rd.	
11. BIRTHPLACE (State or lareign country) 12. CITIZEN OF	13. FATHER'S NAME	
WHAT COUNTRY?	William J. Lutter	= //
14A.USUAL OCOUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR		
done during mast of working life, even if retired)		BIVENS
WAS DESCRIPTION OF A PRINCIPLE OF A	Common Ciranicali	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)((If yes, give war or dates of service)  17. SOCIAL SECURITY NO.	18. INFORMANT ADDR	ESS
NO	William Thuttrett 6919	FAILS KOAd
19. CAUSE OF DEA	TH	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY Multiple	injuries	
LEADING TO DEATH (A)IMMEDIATE O		
(This does not mean the mode of dying, e.g., DUETO, OR heart lailure, asthenia, etc. it means the disease,	AS A CONSEQUENCE OF:	
injury ar camplication which coused death.)		
ANITOCOPNIA CALICEC		
ANTECEDENT CAUSES  (B)  DISEASES OR CONDITIONS, IF ANY GIVING  (B)  DUE 10, OR	AS A CONSEQUENCE OF:	
		ASTRONO DE
Z UNDERLYING CONDITION LAST. (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED 21	. AUTOPSY? (Yes or No)
		ves
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	in or obout 22C. WHERE DID (II in Boltimore City, give exact le bldg., etc.) INJURY OCCUR?	cation)
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  220. TIME (Month) (Doy) (Year) (Hour)   22E-INJURY OCCURED	Intersection Falls Rd. & S	
	22F. HOW DID INJURY OCCUR?	MILLII AVEILLE
(APPROX.) 12-21-69 12:25P with Work AT WORK	WHILE Subj. pedestrian struck b	NY 0.0%
23.	VORK A   Dubj. Pedestilan stiuck i	by car.
l certify that I held an Inquiry Inspection Au	tansy X and that an this hasis death in my ani	nian
		nian
resulted fram: Natural causesAccident X Suicid		
ACTUAL DESCRIPTION	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE M.D	ASSISTANT MEDICAL EXAMINER	
EXAMINER'S Prografit C Figher M D	ASSOCIATE MEDICAL EXAMINER	12 20 60
NAME (Type) Russell S. Fisher, M.D.  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	Cheurony	12-29-69
I PEMOVAL (Specifu)		
BURIAL 12-31-69 MAYS ChA;	DEL CEM. BAITO CO.	Md
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR, ADDR	ESS
JANS THE CHEEK IS THE CHALL	· Burner FORTASPOLLA	3631 FAI
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ased the Such	BIRTH NO. 69 13124 CERTIFICATE OF DEATH  REG. NO. 69 13124
n th Suc	1. NAME OF DECEASED  2. DATE AND HOUR OF DEATH
(5) Deceased lance on the death. Such	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  A. STATE  8. COUNTY
se; (5)	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  C. CITY OR TOWN  D. INSIDE CITY LIMITS?
	3625 HICKORY AUENUE BALTIMORE YES NO
ar de.	1 SOLD FICKORY TOENUE
ermine regula eased is mad	5. SEX   6. RACE   7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH   9. AGE (Ith years lost birthday)   10 Months   Doys   Hours   Min.    WIDOWED   DIVORCED   July 2   1898   77   10 Months   Doys   Hours   Min.    10 M USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUSTRY 11). BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?
ec on	done during most of working life, even if retired)  RESERVATION CIERT PENNA RAILROAD MARYLAND  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME
(4) × + + + b d s	NEISON TAYLOR ROSE.
aloa	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war ar dates of service)  16. SOCIAL SECURITY NO.
	18. CAUSE OF DEATH MRS NORMA LOHR. 31 25 HICKORY AC
f any nced enda	DISEASE OF CONDITION DIRECTLY
Also, ire of an nounce attend	LEADING TO DEATH  (This does not mean the mode of dying, e.g.,  DUE TO, OR AS A CONSEQUENCE OF:  DUE TO, OR AS A CONSEQUENCE OF:
oro ar	heorf foilure, osthenio, etc. It means the disease, injury or complication which caused deoth.)
1 0 0 0	ANTECEDENT CAUSES  (B)  DISEASES OR CONDITIONS, if ony, giving  DUE TO, OR AS A CONSEQUENCE OF:
000	rise to the obove couse (A) stating the
tal e cian as ii ains	UNDERLYING CONDITION last. (C)
burr bhysi an w rem	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
ody he sici	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  20A. AUTOPSY? (Yes or No.)  20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
pital by re; (2) B where to No phy d before	OR CONTRIBUTING CAUSE OF  DEATH (notify medical examiner)    CAUSE OF   Contribution   Cause of the contribution of the contri
pt (6)	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.)  While At Work At Work
the hexce and obtain	22. I certify that (I) (this haspital) attended the deceased from Dec. 3 1966 to Dec. 3.0. 1969.
0 0 0	that (1) (we) last sow the deceased alive on Dec. 30 1969 and that in (my) (our) opinion death occurred on the date
sed spit spit eat ust	ond hour and from the couses stoted above. (I) (We) (did) (did not) view the body after deoth.  23A. SIGNATURE
ccide ccide a hos to d	Reuder CARAGENTON Med. Shoff Director Phys. 12-31-69
y was re 1) An ac 3.A. at a d prior t approva	23C. PHYSICIAN'S RAUBEN HOFFMAN 23D. ADDRESS SUG CU. 36 P. St.
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (State)
shows: was D.C	BURIAL 1-2-70 MORELAND MEM PARK CEM BALto. Co. Md
shows was D decease	25A. DATE REC'D BY HEALTH SEET. 255 NAME OF REGISTRAR  25C. FUNERAL DIRECTOR  BURDED TOWNER ALL BOME 03631 FALLS RO
	VS 150-REV. 1/1/6B



death etermined cause; (5) Deceased Such uo hospital of eath. ance cause Ö attend 40 0 prior contributing occurred is made. regular deceased death disposition Dud 0 SD the direct (4) 3 LO U death kind; or final attendance any pronounced Also, embalmed of fracture the chief medical examiner gular examiner. who 70 are (3) physician remains medical WOS burns; physician the Body the 0 before hospital by (2) where °Z nature; by obtained 9 approved (except and to the any pe of eath) hospital must accident was release 0 0

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BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 69 GROV 4. USUAL RESIDENCE (W MBER 6:00 NCE (Where deceased livet). If institution: residence before admission)
B. COUNTY 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Maryland FULL NAME OF HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS? BALTIMORF GENERAL HOSPITAL Laurel YES NOX E. STREET AND NUMBER 5 Ruth St. S. SEX 9. AGE (In years 6. RACE B. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. MARRIED NEVER MARRIED Months: Days Hours lost birthday DELEMBER 27 1969
11. BIRTHPLACE (State or fareign cauntry) WIDOWED DIVORCED 0 NALE NH TE WIDOWED DIVORCED LIOA USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? dane during mast af warking tife, even if retired) NFHNT STATES UNITED 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME RUHARD GROVE

15. Was Deceased Ever in U. S. Armed Farces?
(Yes, no ar unknown) (If yes, give war ar dates at service) DUFFN 17. INFORMANT 6. SOCIAL SECURITY NO. ICHARD VO LAUREL MYd ήB. CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OF CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES (B)\_\_\_\_\_\_DUE TO, OR AS DISEASES OR CONDITIONS, if any, giving CONSEQUENCE OF rise to the above cause (A) stating the UNDERLYING CONDITION last. 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes ar Na) 20B. IF YES, WERE FINDINGS CONSIDERED 19A-DATE OF OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? ZIA. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID (If in Baltimare City, give exact location) hame, farm, factory, street, affice bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF MEDICAL DEATH (natify medical examiner) 21 D. TIME OF INJURY (Manth) (Day) (Year) (Haur) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Nat While (APPROX.) Work At Wark 19 69 to BEEMDER 22. I certify that (1) (this hospital) attended the deceased from DEDEMB that (1) (we) lost sow the deceased alive an ME CENBER 19 6 ond that in (my) (our) opinion death occurred on the date and hour and from the couses stated above. (1) (We) (did) (did not) view the body ofter death. 23A. SIGNATURE 238, DATE SIGNED Attending Med Staff 23C. PHYSICIAN'S Director Phys. approval 23D. ADDRESS NAME (Type) Sou GEGREE 24A. BURIAL CREMATION. REMOVAL (Specify written DATE REC'D AND OF REGISTRAR ADDRESS VS 150-REV. 1/1/6B

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

CO 4010

	1 = 200 10	1 0 0		03 13126
	-520 69 13	126 CERTIFICA	TE OF DEATH	EG. NO.
	TH NO.	11	2, DATE AND HOUR	OF DEATH
	e or Print)	1. 6/1,000	1 11.00	11 19/29
2 6	PLACE IN BALTIMORE, MARYLAND, WHERE I	PRONOUNCED DEAD	14. USUAL RESIDENCE Where deceas	ed lived. If institution; residence before admission)
). F	TACE IN BACIIMONG MARILAND, WHERE	KONO ON CED DEAD	A. STATE B. COUNTY	1 = 0 /
FUI	LL NAME OF (IF NOT IN HOSPITAL OR	INSTITUTION, GIVE STREET	11111111111	1506
HO NS	SPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INSIDE CITY LIMITS?
	/		Bullimke	YES NO
	odro OllL	17 1	E. STREET AND NUMBER	11
1	2803 Cultur	(1/20)	2,803 /1/1	tan Use.
. s	EX   6. RACE   7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (	n years If Under 1 Yr. , If Under 24 Hrs.
-	1 . ().//	OWED DIVORCED	O. 1. 28 1 Glost birth	Months Doys Hours Min.
DA.	USUAL OCCUPATION (Give kind of work 10 B, K)		ALLOND THO	12. CITIZEN OF WHAT COUNTRY?
	during most of working life, even if retired)	11/	A STATE OF ISTERNIT COSTIN	12. CHILLIC OF WITH COOKING.
5	Ville man	Direction Bendle	on.C.	
3.	FATHER'S NAME	/	T4. MOTHER'S MAIDEN NAME	2 1 2
	Al. to lough		mark	f. Marker
p .	Meros I times	11/ 00/211	11/1/Ma	ADDRESS
Yes	Was Deceased Ever in U. S. Armed Forces? s,ng_or unknown) (If yes, give wor or dotes of se	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
-	the state of the s		June, Hine	2 2.803 ChH2
-	18. 40 0 0	CAUSE OF DEA	rH/	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY	v /		BETWEEN ONSET AND DEATH
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	(This does not meon the mode of dying		A CONSEQUENCE OF:	
	heart foilure, osthenio, etc. II meons the d injury or complication which coused death,	iseose,	_ ( ) -	_ /
		//0	ment heart	Tackena .
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	DISEASES OR CONDITIONS, if any,	3 3	S ACONSEQUENCE OF:	11 0 5000
	rise to the above cause (A) statin UNDERLYING CONDITION last.	g life (C)	tarcours of	Thoracak Thoras
	11		1)	
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Z.	TO THE K STONIEL CANT CONDITIONS CONTRIBU			
TION	TO THE DEATH BUT NOT RELATED TO THE TERM			
CA	TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A)	*	20A. AUTOPSYZ Y es or No) 20B. IF	YES, WERE FINDINGS CONSIDERED
CA	TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A)	FOR WHICH OPERATION	20A. AUTOPSYTY (S. OI NO) 20B. IF	YES, WERE FINDINGS CONSIDERED RTIFYING CAUSES OF DEATH?
ERTIFICA	TO THE DEATH BUT NOT RELATED TO THE TERMINES OF CONDITION GIVEN IN PART 1 (A)  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME	N FOR WHICH OPERATION	NO IN CE	RTIFYING CAUSES OF DEATH?
CERTIFICA	TO THE DEATH BUT NOT RELATED TO THE TER. DISEASE OR CONDITION GIVEN IN PART I [A] 19A.DATE OF OPERATION 198. CONDITION WAS PERFORME  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	N FOR WHICH OPERATION D 218. PLACE OF INJURY (e.g., home, form, foctory, street,	20A. AUTOPSY TYPES OF NO. 20B. IF IN CE	YES, WERE FINDINGS CONSIDERED RITFYING CAUSES OF DEATH?  (If in Ballimore City, give exact location)
CAL CERTIFICA	TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 198. CONDITION WAS PERFORME	N FOR WHICH OPERATION D 218 PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID	RTIFYING CAUSES OF DEATH?
EDICAL CERTIFICA	TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART I [A] 19A.DATE OF OPERATION 19B. CONDITION WAS PERFORME  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D.TIME (Month) (Doy) (Year) I Hou	218 PLACE OF INJURY (e.g., home, form, factory, street, etc.)	in or obout 21C. WHERE DID	(If in Ballimare City, give exoct location)
DICAL CERTIFICA	TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION NAS PERFORME 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., home, form, factory, street, etc.)  218. INJURY OCCURRED  While At Not Wh	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Ballimare City, give exoct location)
EDICAL CERTIFICA	TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART I (A) 19A-DATE OF OPERATION 198. CONDITION WAS PERFORME 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) I Hou OF INJURY (APPROX.)	218. PLACE OF INJURY (e.g., home, form, factory, street, etc.)  21E. INJURY OCCURRED  While At Not Wh	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Ballimare City, give exoct location)
EDICAL CERTIFICA	TO THE DEATH BUT NOT RELATED TO THE TERN DISEASE OR CONDITION GIVEN IN PART I (A) 19A-DATE OF OPERATION 19B. CONDITION WAS PERFORME 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D.TIME (Month) (Day) (Year) 1Hour OF INJURY (Approx.)  22. I certify that (I) (this haspital) atternal or contribution of the proximal part of th	218. PLACE OF INJURY (e.g., home, form, factory, street, etc.)  21E. INJURY OCCURRED  While At Not Wh At Work  Indeed the deceased from	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Ballimore City, give exoct lacotion)  CUR?
EDICAL CERTIFICA	TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART I (A) 19A-DATE OF OPERATION 198. CONDITION WAS PERFORME 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) I Hou OF INJURY (APPROX.)	218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  21E. INJURY OCCURRED  While At Not Wh Work  Indeed the deceased from	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Ballimore City, give exoct lacotion)  CUR?
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MEDICAL CERTIFICA	TO THE DEATH BUT NOT RELATED TO THE TERDISEASE OR CONDITION GIVEN IN PART I [A]  19A-DATE OF OPERATION 198. CONDITION WAS PERFORME  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Manth) (Day) (Year) 1Hou of INJURY 1APPROX.)  22. I certify that (I) (this haspital) attethat (I) (we) last saw the deceased alive ond haur and fram the causes stated above the condition of the property of the condition of the causes stated above the causes stated above the cause of the cause stated above the cause of the cause stated above the cause of the cause	218. PLACE OF INJURY (e.g., home, form, factory, street, etc.)  218. PLACE OF INJURY (e.g., home, form, factory, street, etc.)  218. INJURY OCCURRED  While At Not Who At Work  At Work  At Work  Propose on At At Not Work  DEGREE	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  12	(If in Ballimore City, give exoct location)  CUR?  to 12 94 (2919  y) (aur) apinian death accurred an the date  238, DATE SIGNED  238, DATE SIGNED
MEDICAL CERTIFICA	TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART I (A) 19A-DATE OF OPERATION 198. CONDITION WAS PERFORME  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) 1Hours of INJURY (Approx.)  22. I certify that (I) (this haspital) attentiated (I) (we) last saw the deceased alive ond haur and fram the causes stated about 1994 SIGNATURE 1994 SIGNATURE 1994 SIGNATURE 1995 NAME (Type) 1995 NAME (	218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  218. PLACE OF INJURY OCCURRED  While At Word  At Word  At Word  At Ph  DEGREE  24C, NAME of CEMETERY or C	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 and that in (m)  view the body ofter death.  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  22F. HOW DID INJURY OCCUR?	(If in Ballimore City, give exoct lacotion)  CUR?  (Iour) apinian death accurred an the date of the county of the
MEDICAL CERTIFICA	TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART I (A) 19A-DATE OF OPERATION 198. CONDITION WAS PERFORME  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) 1Hourself of INJURY (Approx.)  22. I certify that (I) (this haspital) attempted that (I) (we) last saw the deceased alive ond haur and fram the causes stated about 1994 SIGNATURE 1994 SIGNATURE 1995 NAME (Type) 199	218. PLACE OF INJURY (e.g., home, form, factory, street, etc.)  218. PLACE OF INJURY (e.g., home, form, factory, street, etc.)  218. INJURY OCCURRED  While At Not Who At Work  At Work  At Work  Propose on At At Not Work  DEGREE	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  12	(If in Ballimore City, give exoct location)  CUR?  to 12 94 (2919  y) (aur) apinian death accurred an the date  238, DATE SIGNED  238, DATE SIGNED

VS 150-REV. 1/1/68

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BIRTH	CERTIFICATE OF DEATH  REG. NO. US 13127
(Туре	ME OF DECEASED OF PRINT) RUTH MILES (Mu Wells) 2. DATE AND HOUR OF DEATH 12/24/69 830 P M.
FULL	ACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  C. CITY OR TOWN  A. USUAL RESIDENCE (When deceosed lived. If institution: residence before odmission)  A. STATE  B. COUNTY  C. CITY OR TOWN  D. INSIDE CITY LIMITS?
	JOHNS HOPKINS HOSPITAL  BACTIMONE  YES NO [
5. SEX	Months Dovs Hours Min.
óA. U	WIDOWED DIVORCED 1019-06 63  USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country)  12, CITIZEN OF WHAT COUNTRY?
	Hruserife VA,
15. W	os Deceosed Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
Yes, n	no or unknown) (If yes, give wor or doles of service)  SECURITY NO.  SECURITY NO.  SECURITY NO.  SECURITY NO.  SECURITY NO.  SECURITY NO.  APPROXIMATE INTERVAL  APPROXIMATE INTERVAL
h ir D	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not meen the made of dying, e.g., heart failure, osthenia, etc. It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving ise to the obave couse (A) stoting the UNDERLYING CONDITION last.  (A) IMMEDIATE CAUSE HYO CARDIAL TWEFTHEN 2 IYOURS  (A) IMMEDIATE CAUSE HYO CARDIAL TWEFTHEN 2 IYOURS  (B)  DUE TO, OR AS A CONSEQUENCE OF:  (C)
O CERTIFICATION 1	DITHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  9A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  20A. AUTOPSY? (Yes or No) 10A. ACCIDENT WAS UNDERLYING 10A. ACCIDENT WAS UN
WEDI 0	APPROX.)  (I.D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While At Order At Work At Work
th	2. I certify that (1) (this hospital) attended the deceased from 12/1/69 19 to 19 hat (1) (we) lost saw the deceased alive on 12/24/69 19 and that in(my) (our) opinion death occurred on the date and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.
	3A. SIGNATURE  Storm L. Rubur  DEGREE  Attending Med. Director Phys.  23B. DATE SIGNED  12/24/59  23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS
24A. E	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, lown, or county) (Stote)
25 A. [	Queial 12/31/69 Mr. Calrary Cem. U. G. County Md.

BALTIMORE CITY HEALTH DEPARTMENT

10-9-06 E3 Pypeneans IN METTIN - 160 HERRY LIVERSHIP Ye.5 62/40 6 0/10/C James & Redown STON BROWNING Albert Galler

## IMPORTANT DIRECTOR: FUNERAL

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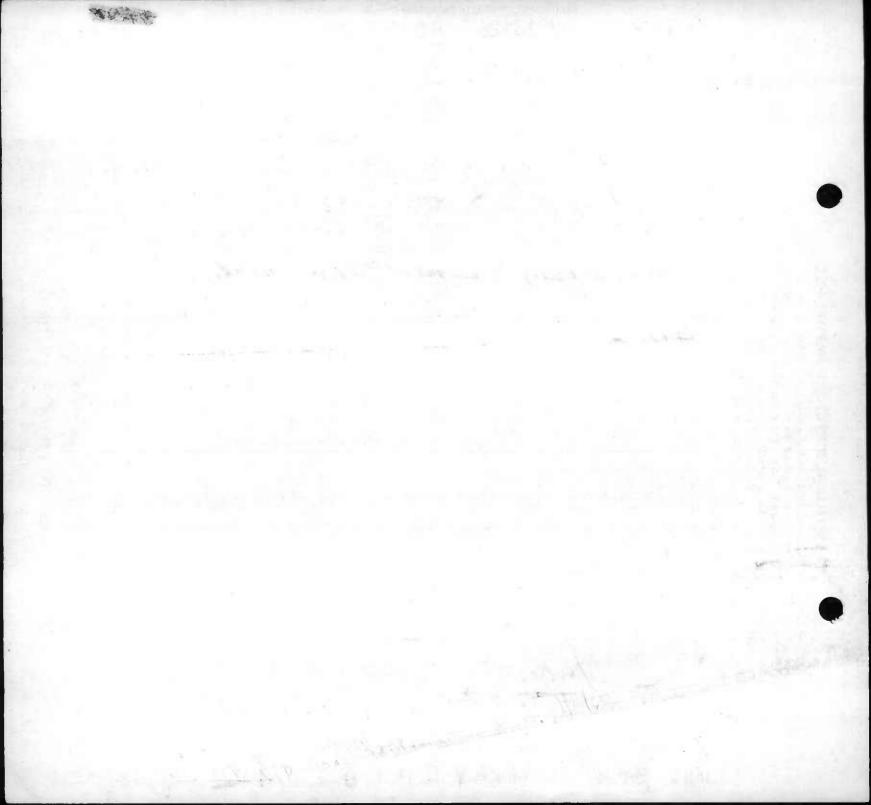
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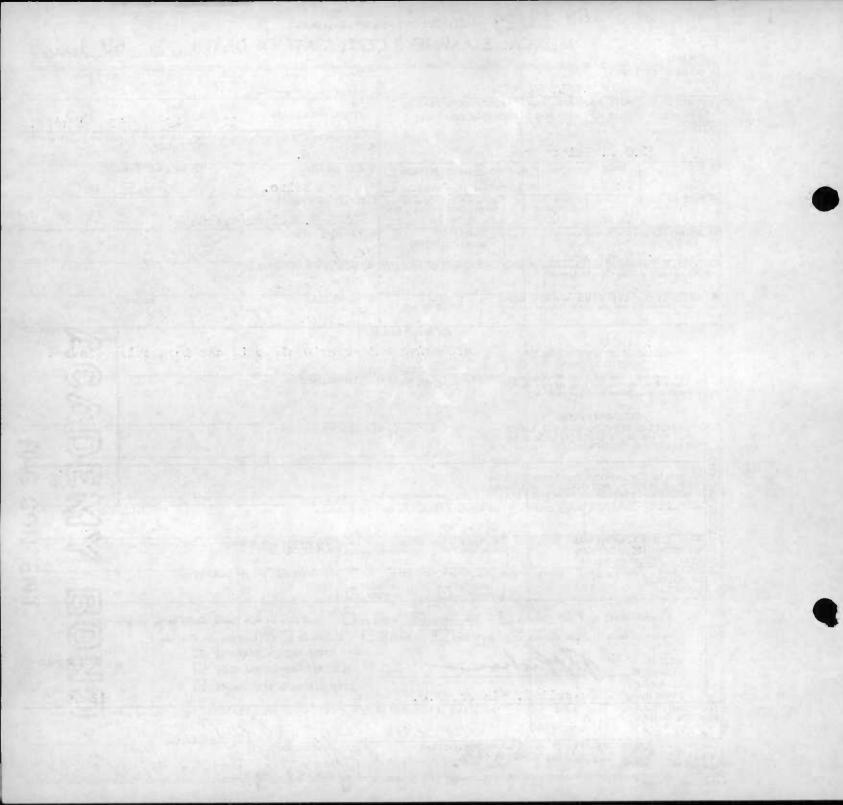
Was

BALTIMORE CITY HEALTH DEPARTMENT 69 13128 REG. NO CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before odmission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD B. COUNTY A. STATE (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION C. CITY OR TOWN D. INSIDE CITY LIMITS YES NO E. STREET AND NUMBER made 8. DATE OF BIRTH 9. AGE (In years If Under 1 YI. If Under 24 Hrs. 5. SEX 6. RACE · MARRIED NEVER MARRIED Hours lost birthdoy WIDOWED X DIVORCED disposition is 12. CITIZEN OF WHAT COUNTRY? 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (Stole or foreign country) done during most of working life, even if retired) 13. FATHER'S NAME MAIDEN NAME ADDRESS Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMAN final (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. CAUSE OF DEATH APPROXIMATE INTERVAL 0 BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenio, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES are DUE TO, OR AS A CONSEQUENCE DISEASES OR CONDITIONS, if ony, giving the obove couse (A) sloting the UNDERLYING CONDITION lost. the remains (C)\_ 11 ATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) CERTIFIC 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED before 21 A. ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exoct location) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examiner) etc.) obtained 21 D. TIME 21F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (I) (this haspital) attended the deceased from and that In(my) (aur) apinion death accurred an the date that (I) (we) last saw the deceased alive an be and haur and from the causes stated above. (1) (We) (did) (did mat) view the bady after death. must 23 B. DATE SIGNED 23A. SIGNATURE Attending Staff Med. Phys. Director Phys. approval 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS OEGREE 240. LOCATION 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY (City, town, or county) (Stote) REMOVAL (Specify) written NAME OF ADDRESS DEPT. FUNERAL DIRECTOR VS 150-REV. 1/1/68

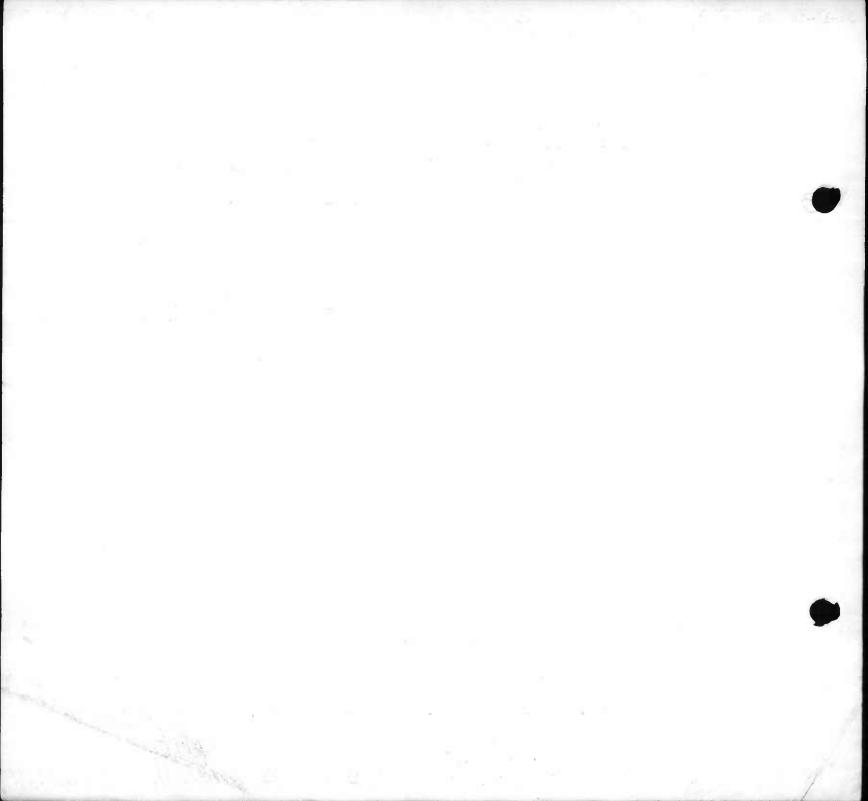


S-322 69 13129 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH BEG NO	69 13129
BIRTH NC.	REG. 140	
I. NAME OF DECEASED (Type or Print)  ROOSEVELT STOKES	2. DATE Known Month Day OF DEATH Estimoted	Year Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD 12 29	69 10:40A. <sub>M.</sub>
1305 N. Fulton Avenue	5. USUAL RESIDENCE (Where deceased lived, if institution: r A. STATE B. COUNTY	esidence before odmission)
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY	LIMITS?
Male Negro widowed □ Divorced □	Balto. YES	No □
Oct 20, 1900 lost birthdoy) Months, Doys, Hours, Min.	E. STREET AND NUMBER  1305 N. Fulton Avenue	
11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME III Illiam Stake	
14A.USUAL OCCUPATION (Give kind of work) 4B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	15. MOTHER'S MAIDEN NAME	
Mechanie	Jennie Morlon	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)((If yes, give wor or doles of service)  17. SOCIAL SECURITY NO.	18. NFORMANT ADD	DRESS.
119. CAUSE OF DEAT	MIHIC SETTLE 1505.	APPROXIMATE INTERVAL
1 1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	nd arteriosclerotic cardiovascu	BETWEEN ONSET AND DEATH
LEADING TO DEATH	AUSE	
	S A CONSEQUENCE OF:	
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING  DUE TO, OR A	AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
(c)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION WA		***********************
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED 2	21. AUTOPSY? (Yes or No)
		no
22A. EXTERNAL CAUSE WAS UNDERLYING ☑ OR CONTRIB. Inome, form, loctory, street, office uting ☐ cause of Death,	in or obout 22C. WHERE DID (II In Soltimore City, give exect bidg., etc.)	location)
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
(APPROX.) WHILE AT WORK AT WO	WHILE ORK	
23.  I certify that I held on Inquiry Inspection Aut	opsy and that an this basis, death in my a	ninian
resulted from: Natural causes X Accident Suicide		
1./1	CHIEF MEDICAL EXAMINER	
SIGNATURE M.D.	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S NAME (Type) Russell S. Fisher, M.D.	ASSOCIATE MEDICAL EXAMINER	12-29-69
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY (REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town, o	
LOUTLAN JUNG190 114 CILI	ry Com a a Country	mo
25A. DATE REC'D BY HEALTH DEPT. C + 26B NAME OF REGISTRAR	Millon & Thekon	129 n Carlinos
VS 151-REV. 3/1/68		11/2/0.0000



38-18-58 db	0 = 1d	00 1010	BALTIMORE CITY	HEALTH DEPARTMENT		00 42400
	BIRTH NO.	69 1313	U CERTIFICA	TE OF DEATH	REG. NO.	69 13130
pital and of death Deceased te on the ath. Such	1. NAME OF DECEASED			2. DATE AN	D HOUR OF DEATH	
	2 BLACE IN PAINAGE				22/69	5 P. M.
	S. FEACE IN BALLIMORE,	MARYLAND, WHERE PRONOL	JNCED DEAD	4. USUAL RESIDENCE (When	e deceosed lived, If inst TY	titution: residence before admission)
hosp use (5)   anc dea	FULL NAME OF (IF	NOT IN HOSPITAL OR INSTITU DRESS OR LOCATION)	JTION, GIVE STREET	Maryland c. CITY OR TOWN		808
a hos cause se; (5) andan to de	INSTITUTION BA	LTIMORE CITY HOS	PITALS			E CITY LIMITS?
l in a   ng cau cause; attend ior to		40 Eastern Avenu		Baltimore E. STREET AND NUMBER		YES X NO
O b	Ba	ltimore, Marylan	d 21224	1029 Lemont Av	renue 21205	007
tribut mined gular sed p	5. SEX 6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In veors	If Under 1 Yr. Il Under 24 Hrs
OFLORK	Male Ne	gro WIDOWED		1-18-31	38	Months Doys Hours Min.
	10A. USUAL OCCUPATION done during most of working life	(Give kind of work 10B, KIND OF	BUSINESS OR INDUSTRY	11. SIRTHPLACE (State or larei	gn country)	12. CITIZEN OF WHAT COUNTRY?
P - B - B -	Fabored			Maryland	1	USA
T 7	13. FATHER'S NAME			14. MOTHER'S MAIDEN NAM	AE	
	Willie			Bessie		
_ 0 = 0 -	15. Was Deceased Ever in (Yes, no or unknown) (II yes,	U. S. Armed Forces? give wor or dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	4040 =	ADDRESS
RTA ssist the the de de fina				BCH-Records	4940 Easter	
POR is as any ced ndar	18.	1	CAUSE OF DEATH		Baltimore,	Maryland 21224  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH
or his or Also, if Also, if an or nounced attended imed or ime	DISEASE OR C	ONDITION DIRECTLY G TO DEATH		water water		BETWEEN ONSET AND DEATH
R: IMPO ner or his as er. Also, if cture of any pronounced lar attenda	(This does not mean	the mode of dving eg	(A) IMMEDIATE CAU	SE PULMONAIZY	EMBOLUS	INSTANTANZOUS
iner ner. actur pron	heart failure, asthenia	, etc. It means the disease, which caused death.)	DOE 10, OR AS A	CONSEQUENCE OF:		
miner or miner. A fracture fracture oppono embalm		DENT CAUSES				
cami Afr who regu	DISEASES OR CON	DITIONS, if any, giving	(B). DUE TO, OR AS	A CONSEQUENCE OF:		
- 000 - C	rise to the above	cause (A) slaling the				
		11	(c)		**************	***************************************
Medical Medical Medical Burns; hysicia	O OTHER SIGNIFICANT CO	NOTIONS CONTRIBUTING	CON	GESTIVE HEA	112T FAILU	2 = 17 months
FUNERA TO Chief me by a mec 2) Body bu re the phy physician fore the re	A INISERSE OK COMPILIO	OT RELATED TO THE TERMINAL OF GIVEN IN PART 1 (A).	******			
chief chief a m Body the p ysicio	174 24 69	ON 198 CONDITION FOR W		20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIR	NDINGS CONSIDERED SES OF DEATHY
FUI tal by e; (2) B here t No phy before	U 21A. ACCIDENT WAS		MBOLUS PLACE OF INJURY (e.g., in	or obout 21.0. WHERE DID	(If in Baltimore	City, give exoct/ocation)
he co	OR CONTRIBUTING	exomined home	, form, factory, street, alf	ice bldg., INJURY OCCUR!	W. W. 2011	
spity vre, vrb, N N d	O 21D. TIME (Month)	(Doy) (Yeoi) (Hour) 21 E.	INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
oved by the hospital comparts over the hospital	S OF INJURY	Whil	e At O Not While			
o h x x m td	22, I certify that 44	(this hospital) attended th	AT WORK		9 69 to 12	22 1969
2 50 %	The second secon	v the deceased alive on				on death accurred on the date
0-05-		e causes stated above. (1)		ew the hady often death	· in/my, /and obtain	on weath accorted on the date
ust be gased dent deat must	23A-SIGNATURE		- 0	on the bady after deaths	2	3B, DATE SIGNED
5-5-6-	Denne	. W. Bleakl	And a life N 1 Disagram	ding Med. S	hys.	12/22/69
	23C. PHYSICIAN'S NAME (Type)		DEGREE	3D. ADDRESS		
This certificate the body was r shows: (1) An a was b.O.A. at deceased prior written approv	Denni	s W. Bleakley	MD. DEGREE	BCH- Baltimore	ern Avenue Maryland	21224
E YE OF B	24A. BURIAL CREMATION, REMOVAL (Specily)		ME of CEMETERY OF CRE	MATORY 24D. LO	CATION (City.	town, or county) (Stote)
certi body ws: (1 D.O. passed	Bureal	12/24/69 7	nt aubur	n) Com, 41	Dostout	- mad
This cert the body shows: (I was D.O decease	44 44	D Public E, Valle	REGISTRAR	25C. FUNERAL DIRECTOR	1111	ADDRESS
F + 4 5 0 5	JAN 5 197	O Robert E. Valle	A MEN C	millon &	Elichson 1	12971. Caurlinist
	VS 150-REV. 1/1/68					



8-152 69 13131 BALTIMORE CITY HEALTH DEPARTMENT

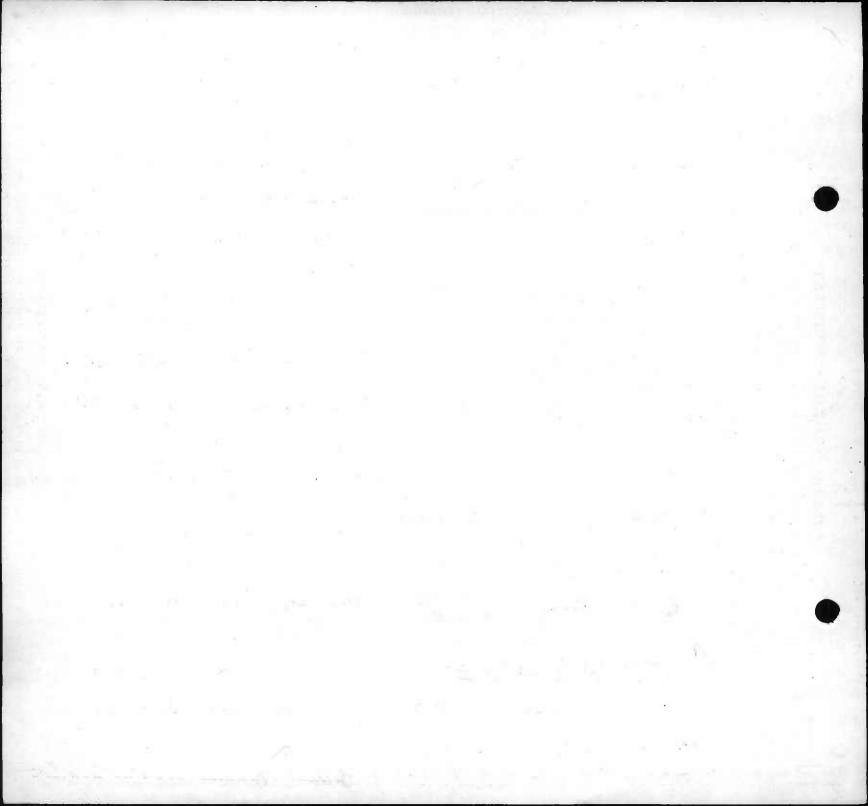
MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF DEATH
MILDICAL	CATAINALY	CERTIFICATE	OF DEATH.

	69	13124
G. NO.		70707

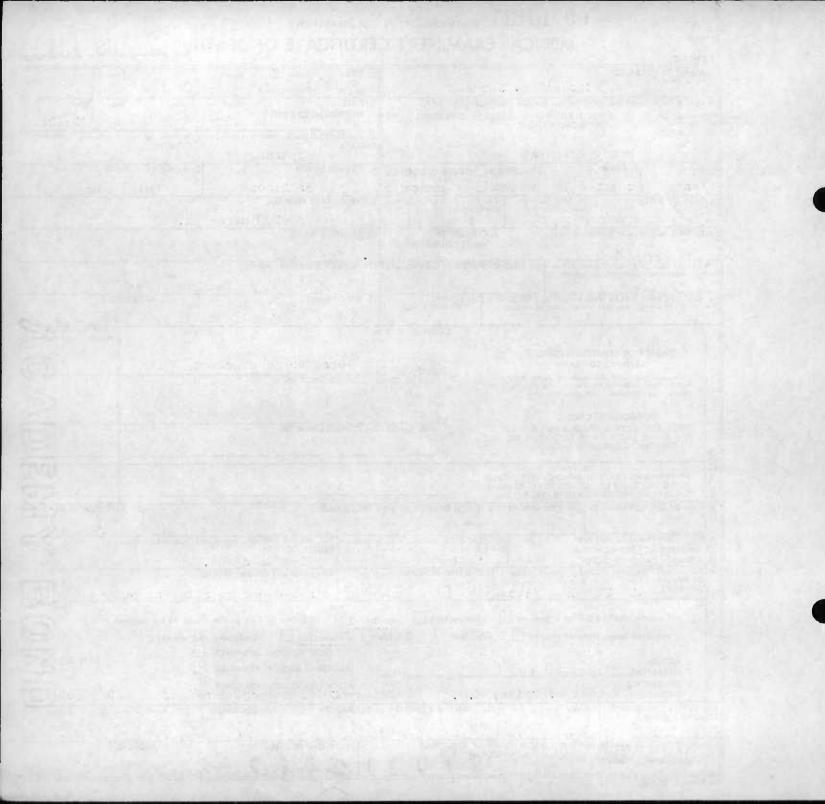
	1		MEL	ICAL		AWIIAEK	2 (	-EKIII	ICATE	OF	DEAT	H REG. NO		7070	1
-	RTH NC.											NEO, 110			
1. (Ty)	NAME OF DEC	EASED						2. DATE OF	Known	X	Month	Doy	Year	Hour	
				Mae F				DEATH	Estimated	d 🗆					M.
4.	PLACE IN BAL							3. DATE			Manth	Day	Yeor	Haur	
	L NAME OF	(IF NOT I	N HOSPITA	AL OR INSTI	TUTION,	GIVE STREET		PRON	DUNCED DEA	D	12	29	69	10:0	2 PM.
	INSTITUTION	70011200	0112001					5. USUAL	RESIDENCE (	(Where	deceased li	ed. If instituti	on: residence		w 141"
	37	Monorr	Hean	ital				A. STATE				B. COUNTY		011	,
4 1	SEX	Mercy 7. RACE	Hosp		-			0.0121/	Maryla	Па		In 6.000	10	100	/
0	) CA	7. RACE		. MARRIE		NEVER MARRIE		C. CITY C	KIOWN			D. INSIDE	CITY LIMITS?		
	emale	color		WIDOW	ED .	DIVORCE			Baltime				YES 🗌	NO 🗆	
9. [	DATE OF BIRTH		0. AGE (li asi birthda	years		1 Yr. If Under 24 Days , Hours		E. STREET	AND NUMB	ER					
1	200.101	43	26	??		50,0	*******		812 N.	Car	oline	St.			
11.	BIRTHPLACE (S	tole ar fareign	country)	1		ZEN OF	-	13. FATHE	R'S NAME		an				
	5.17				WHA	AT COUNTRY?		1 (1	1 2	1/	100	11120	111 11	)	
14A	USUAL OCCU	ATION (Give ki	ind of work	14B. KIND	OF BUS	INESS OR INDI	ISTRY	115 MOTH	FR'S MAIDEN	INAM	F	Carro	ucrec!		
dom	ducing mast of w	arking lile, even	il retired)					0 11	11 -	-//	YM.	11.7			
17	Struses		5 454455	FORGES	117	600101		No	CTOCK	44	pro	He .			
(Yes	WAS DECEASE , na ar unknown)	(If yes, give wat	or daies	of service)	17.	SOCIAL SECURITY NO		18. INFO	RMANI	Y		\$ ·	ADDRESS		
	700							Cl	Inton	CI	Une	City.			
	19.	4/4 1	/			CAUSE OF	DEA	TH						PPROXIMATE IN	
	DISTAGE	OR CONDITI	ON DIDE	CYLV									DELA	VEEN ONSEL A	NU DEATH
		EADING TO D		CILI					Drow	nino					
Н	(This does no	t mean the me	ade al dv	ing, e.g.,		(A) IMMEDI			QUENCE OF:	nrng	,				
	heart lailure,	asthenia, etc. It plication which	means the	dtsease,		50210	,		querice or.						
				,											
		ITECEDENT CA				(B)									
	DISEASES C	R CONDITION	S, IF ANY	GIVING		DUE TO	OR .	AS A CONS	EQUENCE OF:						
2	UNDERLYIN	G CONDITIO	N LAST.	IINO INE		(c)									
CERTIFICATION		31				(C)									
H	OTHER SIGN	IFICANT COND		ONTRIBUTU	NG										
읪	TO THE DEA	TH BUT NOT RE	LATED TO	THE TERMIN	IAL										
E					OP WH	ICH OPERATIO	NI 18/8	C DEDECOR	MED				01 41170	7V.	A1 3
핑	1	OI EMAIIOIT	200. CO	ADIIIOIA F	OK WIT	ICH OPERATIO	A AAN	S PERFOR	WED				21. AUIC	PSY? (Yes o	ir Na)
	<b>X</b>													artial	
O	22A. EXTERNUMBERLYING	MAL CAUSE W		2: h	2B. PLAC	m, factory, street	(e.g.,	in ar about	22C. WHERE	DID (II	in Baltimar	e City, give e	xact location)		
03	UTING CAL					water	, dillice	nida" eici	Pier 4	-	tt St	. 4	0/		
Σ	22D. TIME (	Manth) (Day		) (Hour)		NJURY OCCUR	RED		22F. HOW DI						
	OF INJURY (APPROX.) 1	2 20	60	2	WHILL		NOT	WHILE ORK	£-11 -£	c _ :		to an in la		a = 1 £	
	23.	2 29	69	; n	n. WOR	<u> </u>		rtial	fell of	1 p1	er al	ter sno	ooling	seri	
	1 certl	fy that I held	d on I	nguiry [	l In	spection		apsy X	and that	on thi	e basis	death In m	u ==!=!==		
		ed from: Nat		-									land.		
	result	ed from: Nat	ural cau	ses 📋	Accid	tant L	nic] d	eKJ h	lomicide 📙			ned manner			
	ACTUAL	111/1	1101	1	7 1	1			CHIEF MEDIC	CAL EX	AMINER			DATE SIGN	JED
	SIGNATU	RE/(LC)	125	4	11		M.D.	AS:	ISTANT MEDI	CAL EX	AMINER			DAIL SIOI	120
	EXAMINE				0			ASS	OCIATE MEDIC	CAL EX	AMINER				
	NAME (T		ner II	Spit	cz.	M.D.	D	eputy	Chief M	edic	al Ex	aminer	1	2/30/6	9
REA	AQVAL (Specif	ATION. 124B	. DATE	1	24C. N	AME of CEMET	ERY	or CREMAT	ORY		CATION		vn, ar caunty		$\rightarrow$
	Tours (Special	0	1/3	lina	7	nh 1	1		Benel	1	1	1.	1		
25.4	. DATE REC'D	SY HEALTH OF	PT	25P NIA	ME OF	REGISTRAR	1.	31st	EUNIED AL DI	(A)	·LA	: LAU	nuy		
20%	The T	1090 F	200	ZJB. IVA	A J	REGISTRAK		/ 250.	FUNERAL DIE	KECTOR	11	1	ADDRESS	5.	
	GMAL	HALL VO	escell.	The State	San &	TA C	, >	. 12	Mark	/100	9/1	1000	; //3	9/1	Luch
VS I	51-REV. 3/1/68	MIA	0.7		1 2		-	+ 0	70 /	4	- All	- June 1 4	100	11/16	4611768

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death.) and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

			HEALTH DEPARTMENT	
0	1-525 69 13132	CERTIFICA	TE OF DEATH REG. NO.	69 13132
BIR	TH NO.	CERTIFICA		
	pe or Print) Leonard	Johnson	2. DATE AND HOUR OF DEA	12; 20 A M.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRON		4. USUAL RESIDENCE (Where decoosed lived.	If institution: residence before admission)
H	LL NAME OF (IF NOT IN HOSPITAL OR INS' STITUTION  (IF NOT IN HOSPITAL OR INS' ADDRESS OR LOCATION)	TITUTION, GIVE STREET	Md.	INSIDE CITY EIMITS?  YES NO
3	Johns Hopkins Hospital		1632 Darley 1	Ave.
5.	SEX 6. RACE 7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr., If Under 24 Hrs. Months! Doys Hours Min.
	M N WIDOWE	DIVORCED _	8/12/88 81	
	USUAL OCCUPATION (Give kind of work 108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	e during most of working life, even if retired)		Ballo, med.	V.S.A
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	Samuel (mitte		Ella Stokes	
15.	Wos Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS
(Te	s, no or unknown) (II yes, give wor or dotes of service	SECURITY NO.	Alores Stinesa	1632 Karley 6.
	18.3 69.9 1	CAUSE OF DEATH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH		( 1.	1 15
	(This does not meon the made of dying, e. heart foilure, asthenia, etc. It means the diseasinjury or camplication which coused deoth.)		SE LAPO OF:	rest 15 min.
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, givinise to the above cause (A) stoling to the condition last.	4	Massive prevmonia +	hypoxia 30 hours
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINA		for massive GI. bl.	eeding 6 days
ERTIFICA	19A. DATE OF OPERATION 19B. CONDITION FO WAS PERFORMED	R WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WI	CALLEES OF DEATH?
CERT	2 12 26/69 Massive	6.I. bleeding	ies	imore City, give exect location
AL	OR CONTRIBUTING CAUSE OF	ome, form, foctory, street, of	fice bldg. INJURY OCCUR?	more diff, give discriptions
MEDIC		TE. INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
M		While At Not While Nork At Work		
	22. I certify that (I) (this hospital) ottended		Dec. 24, 1969 to	Dec. 31, 1969.
	that (1) (we) last sow the deceased alive or		19 69 ond that in(my) (our)	
	ond hour and fram the couses stated above			
	23A. SIGNATURE	(I) (we) (did)(did her) v	rew the body differ deoth.	23B. DATE SIGNED
	David & angel	VI Dhu	nding Med. Staff i. Director Phys.	Dec. 31, 1969
	23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS	
	David G. Ansel	M.O. DEGREE	601 N. Broadway	Baltimore, Md.
24/		NAME of CEMETERY OF CRE	MATORY 24D. LOCATION	(City, town, or county) (Stote)
	Durial Jun 5/971	mr Cal	vary Cem a.a. C	runty Md.
25/	A. DATE REC'D'BY HEAVEN DEPT. / 258 NAM	E OF REGISTRAR	25C FUNERAL DIRECTOR	ADDRESS ADDRESS
VS	150-REV. 1/1/6B		July & Coursell )	12/1 Carsons

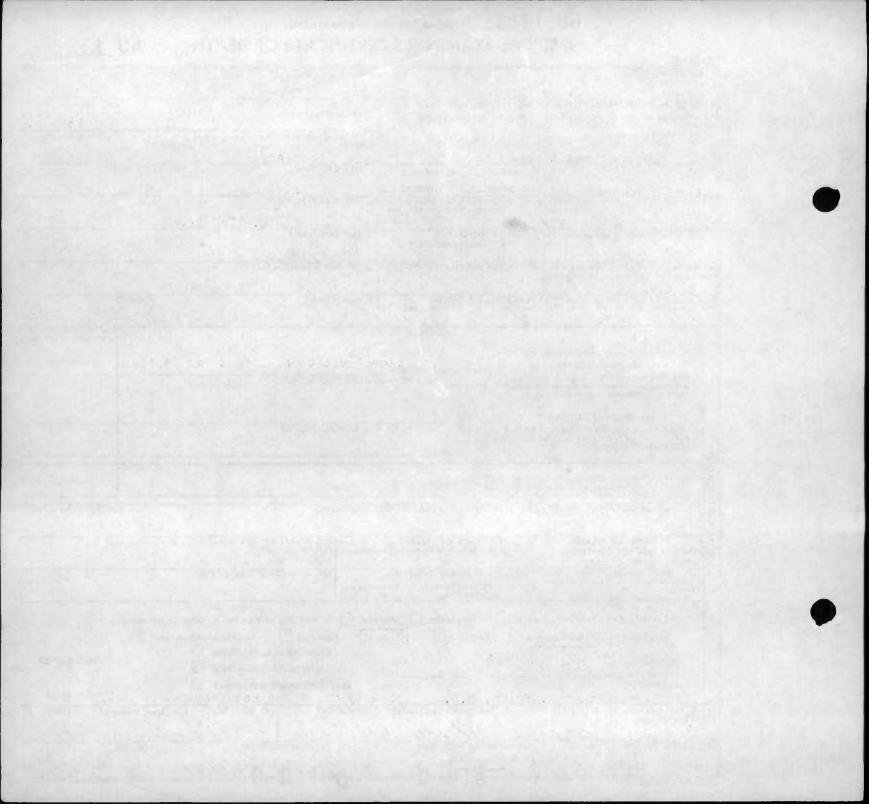


	1-22	-0	69 1	313	3	BALTIMORE CITY HE	ALTH DEPA	RTMENT					
-	9-2		MED	ICAL		AMINER'S			DEAT	H REG. NO.	69	1 4 24	90
BIF	RTH NO.									REG. NO.			30
	NAME OF DEC		Cornell	L W.	Jack	cson	2. DATE OF	Known 🔼 Estimoted 🗌	Month	Doy	Yeor	Hour	
4	PLACE IN BAL						DEATH 3. DATE	Calimored [2]	Month	Doy	Yeor	Hour	М.
	L NAME OF						11	JNCED DEAD				1	
HO	SPITAL	ADDR	ESS OR LOCA	TION)	1110110	N, GIVE STREET			12	30	69	'12:02a	W.
OK	INSTITUTION	Mercy	Hospit	ta1			5. USUAL R A. STATE	Maryland	e deceosed liv	ed. If institution B. COUNTY	residence b	efore odmissio	on)
6.	SEX	7. RACE			NED [	NEVER MARRIED	C. CITY OR			D. INSIDE CI	TY LIMITS?		
	male	color	ed	WIDOY	_	_		Baltimo	re	V	es 🗆 🗆	NO 🗆	
9. [	DATE OF BIRTI	1000	10. AGE (In	yeors y)		der I Yr. If Under 24 Hrs. S Days Hours Min.	E. STREET	ND NUMBER	01				
1	PLANTING ACEIC	777	1000		10 60	1 1			Canal	CE.			
1.	BIRTHPLACE (S	tote or forely	un country)	2011		TIZEN OF HAT COUNTRY?	13. FATHER	SNAME	1				
	Turm	Ville	2 7/2.				Mai	1. Kill	Kan	Ro			
14A	USUAL OCCU	PATION (GIV	e kind of work	148. KIND	OF BI	USINESS OR INDUSTR	15. MOTHE	S MAIDEN NA	ME	7			
u on	eduring most of w	orking lite, ev	ven a renred)				(1)	101.	12 /	a ele	11		
IA	WAS DECEASE	D EVER IN	U.S. ARMED	FORCE	52 11	17. SOCIAL	18. INFORM	MANT	01/2	AVLES	DDRESS		
(Yes	, no or unknown)	(If yes, give	wor or dotes	of service	)	SECURITY NO.		1	7	11001	DUNESS	In ,	1
1	60						100	le telle	REM	177/	/ al	Much	lose
	19.	GV				CAUSE OF DEA	TH	//				PROXIMATE INTE	
	DICEAC	E OB CONIC	OTTON DIREC	CTIV							02111	LEN ONSET AND	PLANT
		LEADING TO		PILI			St.	ab wound	of ches	t			
	(This does no	ot meon the	mode of dv	lng, e.g.,		(A) IMMEDIATE C	AS A CONSEQ		or once				
	heart follure,	osthenio, éta	t. It meons the ich coused dec	diseose,		DOE 10, OK	43 A CONSEQ	DENCE OF;					
	AN	TECEDENT	CAUSES			(R)							
	DISEASES C	OR CONDITI	ONS, IF ANY	, GIVING		(B) DUE TO, OR	AS A CONSE	QUENCE OF:		***********			
_	UNDERLYIN	G CONDIT	ION LAST.	ING INE									
Ó						(c)							
F	OTHER SIGN	IFICANT COL	11 NDITIONS CO	ONTPIRI	TING								
CERTIFICATION	TO THE DEA	CONDITION	RELATED TO	THE TERM	INAL	************							
ER	20A. DATE OF	OPERATION	N 208. CON	NOITION	FOR W	HICH OPERATION W	AS PERFORM	ED			21. AUTO	PSY? (Yes or h	No)
0	2										v	es	
EDICAL	22A. EXTERI	NAL CAUSE			228. PL home,	ACE OF INJURY (e.g., form, foctory, street, office	in or obout 2 e bidg., etc.) it	AJURY OCCUR?		Av. 1			
	UTING CA					nome		1200 Ca					
Σ	OF INJURY	Month) (	Doy) (Yeor	) (Hou		INJUSY OCCURRED		2F. HOW DID IN	JURY OCCU	R?			
	( a nonmove t	12 29	69 1	11:45	Im. WH	ILE AT NOT	WHILE X	stabbed d	uring	Itercat	ion		
	23.					Al III	- III	- Japped d	Carrie C		2011		
	l certi	fy that h	eld an Ir	nquiry [		Inspection Au	top sy	and that an t	his basts,	death in my	apinlon		
	result	ed fram: N	latural caus	ses 🔲	Acc	cldent Suicld	le Ho	micide X	Undetermin	ed monner			
		//	11/11	011	2	21	- (	HIEF MEDICAL	EXAMINER				
	ACTUAL	IDE / //	1/1/	31	1/	1	ASSI	TANT MEDICAL	EXAMINER			DATE SIGNE	D
	SIGNATU	R'S	1	1	X	M.D	•						
	NAME (T	ype) Wer	ner U.	Spit	z,	1.D. D	eputy C	CIATE MEDICALI	cal Exa	miner	12/	30/69	
	A. BURIAL CREA		248. DATE	/	24C.	NAME of CEMETERY	or CREMATO	RY 24D.	LOCATION	(City, town	, or county)	(Stote)	
1	MOVAL (Specif	0	10010	4/71	1	mLank	11601	1 mm	7/1/2	Touch	n	71	
25	. DATE REC'D	RV UCALEN	DEPP	OFP G	ART	of Decigrand	www		Was	Efect	///	6	
232	LUN 5		U.S. Gay	ASB. W	ANE C	OF REGISTRAR	25C. F	UNERAL DIRECT	or E	y Al	DDRESS	9916	
				1	y C	Jan V	180	WETT G	1 Ch	URCH	17/10	111. Jan	Colen
VS	151-REV. 1/1/68		NOO	2000 1								7	



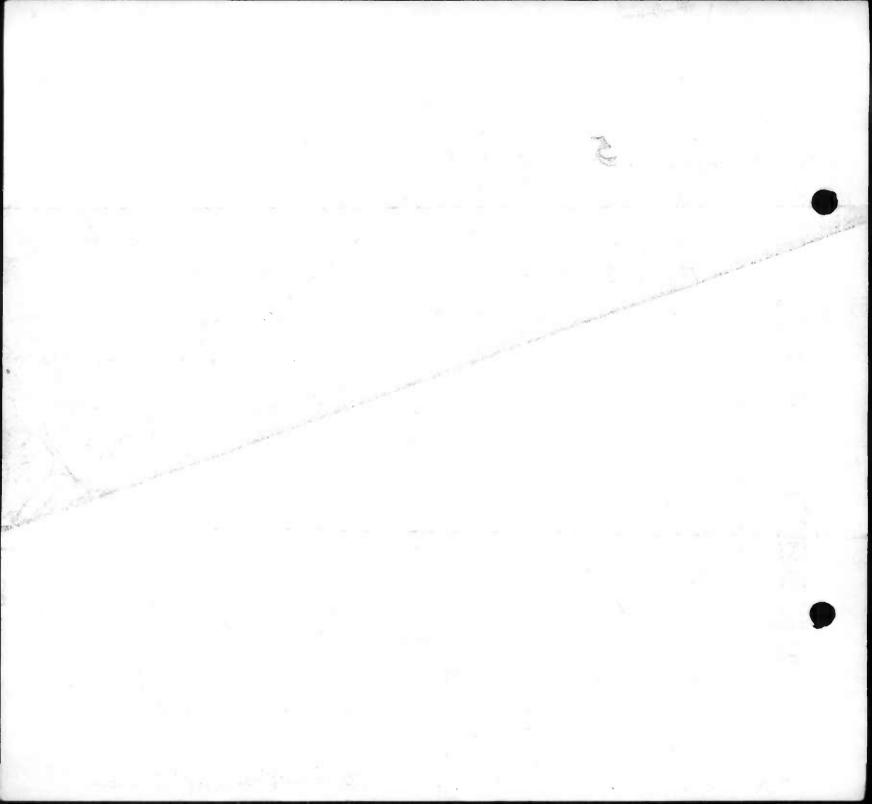
VS 151-REV. 1/1/68

T-320 69 13134 BALTIMORE CITY HE	EALTH DEPARTMENT	
7-320 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	69 4040
BIRTH NO.	REG. NO.	00 10130
1. NAME OF DECEASED	2. DATE Known 🖾 Month Day	Year Hour
(Type or Print)  James Foots	OF DEATH Estimoted	M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day	Yeor Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD 12 29	69 2:55 p.m
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived, if Institution:	
1/4 Union Mamorial Hamital	A. STATE B. COUNTY	910
6. SEX 7. RACE B. MARRIED NEVER MARRIED	Maryland  O. CITY OR TOWN  D. INSIDE CITY	TY HAITS?
male   colored   WIDOWED   DIVORCED   9. DATE OF BIRTH   10.AGE (In yeors   If Under 1 Yr. If Under 24 Hrs.		S L NO L
last birthday) Months Days Haurs Min.		
11 PRIVING AGE (6)	830 E. 22nd St.	
11. BIRTHPLACE (State or loreign country)  12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	
factition 11.C,	James Trito	
14A: USUAL OCCUPATION (Give kind al work) 14B. KIND OF BUSINESS OR INDUSTR done during most of warking lile, Even if relired)	Y 15. MOTHER'S MAIDEN NAME	
Tinemployed	Cora Brita	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL (Yes, na or unknown) (U yes, give war or dotes of service) SECURITY NO.	IB. INFORMANT	DRESS
World works 2- 715-12-401	Reta Nealy 1534 &	e Sesentino ane
CAUSE OF DEA	ATH 22	APPROXIMATE INTERVAL
DISEASE OF CONDITION DIRECTLY	Marie	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteric	osclerotic cardiovascular disea	ase
(Init ages not mean the made of dying, e.g.,	AS A CONSEQUENCE OF:	
heart lailure, asthenta, etc. It means the disease, injury ar camplication which caused deoth.)	No No Contraction of the Contrac	
DISEASES OR CONDITIONS, IF ANY, GIVING  (8)  DUE TO, OR	AS A CONSEQUENCE OF:	
	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST. (C)		
C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes ar No)
2		yes
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	in or about 22C. WHERE DID (If in Baltimore City, give exact	it location)
22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB. Lorent Gram, factory, street, olfice UTING ☐ CAUSE OF DEATH.	e bldg., etc.) INJURY OCCUR?	
22D. TIME (Month) (Doy) (Year) (Haur) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
	WHILE	
23.	WORK L	
I certify that I held on Inquiry Inspection Au	ond that on this basis, death in my	onlaion
resulted from: Natural causes Accident Suicio		
The state of the s	CHIEF MEDICAL EXAMINER	
ACTUAL ///////////////		DATE SIGNED
SIGNATURE M.C		
NAME (Type) Werner U. Spitz, M.D. De	ASSOCIATE MEDICAL EXAMINER	12/20/60
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	eputy Chief Medical Examiner or CREMATORY [240. LOCATION (City, town,	12/30/69
REMOVAL (Specify)	1 - 1 Carry, 10wa,	or county) (State)
Jurial Jano 70 Mayell 1	Millem 5501 trear	ich ase
25A. DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR AD	DORESS
JANO WAS E PROPERTY	Boxel Elelinen	no houth



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
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	5-530 69 13135	_	HEALTH DEPARTMENT	REG. NO.	69 13135
	SIKIH NO.	CERTIFICA	TE OF DEATH	REG. NO.	
	Type or ACHI Lampe Tulle			D HOUR OF DEATH	
-	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCE		12/s	25/69	11.35 M. litution: residence before admission)
Ш			A. STATE B. COUN	ITY	litution: residence before admission)
- 11	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	N, GIVE STREET	0.00		805
1	NSTITUTION VS Public Health Service	Hospital	C. CITY OR TOWN	D. INSID	DE CITY LIMITS?
1			E. STREET AND NUMBER		YES NO
	Wymun Park Dr & 31st Stro	EL	1927 Broad	I wans	
5	SEX 6. RACE 7. MARRIED N	VEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	M WIDOWED	DIVORCED	6/25/02	67	Monins Doys Hours Min.
	OA, USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUS	INESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?
- 11	Unemologed 3. FATHER'S NAME		South Carol.	inn	U.S.A.
1	3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	1 4	
	Thomas E. Smith		Lela H	ntrom	
1		SOCIAL SECURITY NO.	17. INFORMANT	0	ADDRESS
		0-09-1537	Hauling	Bhuns	en 17777 Brand
	18.5 71.0	CAUSE OF DEATH	1 aug 1110	Jymane	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		1/ /	1000	BETWEEN ONSET AND DEATH
	(This does not mean the mode of dving. e.g.	(A) IMMEDIATE CAUS	SE HEPATI	e Coma	21 days
	heart failure, asthenia, etc. It means the disease, injury or complication which caused deoth.)	DOE 10, OR A3 A	CONSEQUENCE OF:		
	ANTECEDENT CAUSES	/	ee's Cirnho	515	Vr.S.
	DISEASES OR CONDITIONS, if any, giving		A CONSEQUENCE OF:	7//	
	rise to the above cause (A) stating the UNDERLYING CONDITION last.	10 A/CO	helism		VIS
	11	(-/			
0.00	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
	DISEASE OR CONDITION GIVEN IN PART 1 (A).	H offer the	[20.4		***************************************
	WAS PERFORMED	n OPEKATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
	21 B. PLAC	CE OF INJURY (e.g., in	or about 21 C. WHERE DID	(If In Boltimore	City, give exoct location)
	DEATH (notify medical examines)	m, toclory, street, offi	ce bldg., INJURY OCCUR?		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		JRY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
:	(APPROX.) While At	Not While			
	22. I certify that (1) (this hospital) attended the de	ceased from	13 115	9 69 to 1	2-25 1960
	that (N (we) last saw the deceased alive an	12-25	1 - 1		an death accurred on the date
	and haur and from the causes stated above. (1) (We	) (did) (Macher) vi	-		
	23A. SIGNATURE				3B, DATE SIGNED
	Daniel / fredubary of	Atten Phys.		Staff Phys.	12/25/00
	23C. PHYSICIAN'S NAME (Type)	2:	D. ADDRESS	7 4 3 4	
		DEGREE	OSPHS HOSPI	he Bulk	a. Md
12	A. BURIAL CREMATION, 248, DATE 24C. NAME A	of CEMETERY OF CREA	MATORY 24D. LO	CATION (City.	town, or countyl (State)
2	A. DATE REC'D BY HEALTH DEPT. (2) SB. NAME OF BEL	itus Men	tack (	wulle	mel
	IN 5 1970 Color C. 1238 NAME OF REC	Q ()	25C. FUNERAL DIRECTOR	7 11-	ADDRESS
W.	150-REV. 1/1/68		1 Burney !	France &	1 me



69 13136

1	3-53 () BALTIMORE CITY HE	ALTH DEPARTMENT		
	MEDICAL EXAMINER'S	CERTIFICATE OF	DEATH	69 13136
1	BIRTH NO.		REG. NO.	
	NAME OF DECEASED	2. DATE Known	Month Doy	Yeor Hour
E	DOLORES SMITH	DEATH Estimoted	12 23	69 8:24 р м.
65 H	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE	Month Doy	Year Hour
	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD	December 2	3, 1969 8:24 pm.
	INSTUITONFI CADDRESS DIRECTION MENUTONES	5. USUAL RESIDENCE (Where	deceased lived. If institution	
	Johns Hopkins Hospital D.O.A	A. STATE Maryland	B. COUNTY	1715
6.	SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN	D. INSIDE CI	TY LIMITS?
0	Female   Negro   WIDOWED   DIVORCED   DATE OF BIRTH   1936   10. AGE (In years   # Under 1 Yr, II Under 24 Hrs.	Balto.  E. STREET AND NUMBER	YI	ES U NO U
1	O. June 18, Ost lost birthdoy) Months   Doys   Hours   Min.			
1	11/10/16/19/19/00 40-33	1808 Guilf	ord Ave.	
XT	A. BIRTHPLACE (State or loreign country)  12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	1	
/X_	Calls ///d	James!	Sally	
14	IA. USUAL OCCUPATION (Give kind of work) 1 4B. KIND OF BUSINESS OR INDUSTR one during most of working life, even il retired)	Y 15 MOTHER'S MAIDEN NA	AE /	
	none	Lyugo it	tilling	
16	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	IB. INFORMANT	Al	DDRESS
a	es, no or unknown) (II yes, give wor or dotes of service) SECURITY NO.	Linia la	1000 14084	1 Della H
-	19. CAUSE OF DEA	THE SAL	vey most	APPROXIMATE INTERVAL
	E 765 XI			BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY			
	(This does not mean the mode of dying, e.g.,		und of the ab	domen
	heart lailure, asthenia, etc. it means the disease,	AS A CONSEQUENCE OF:		
	injury or complication which coused death.)			
	ANTECEDENT CAUSES (B)			
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:		
	UNDERLYING CONDITION LAST.			
CATION	[]			
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
110	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).			
CEPTIE	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED		21. AUTOPSY? (Yes or No)
112	5 1			
110	C 22A. EXTERNAL CAUSE WAS 22B, PLACE OF INJURY (e.g.,	· · · · · · · · · · · · · · · · · · ·		YES
11.0	UNDERLYING OR CONTRIB. home, lorm, loctory, street, ollic		the notation of the state of th	1110
I V	THINK COLUMN COLUMN	e bidg., etc.) INJURY OCCUR?	il in BoltImore City, give exo	ct location)
FDICAL	TOME	e bidg., etc.) INJURY OCCUR?	1ford Ave. 12	ct location)
I V	22D. TIME (Month) (Dov) (Year) (Hour) 122E INTIDAY OCCUPAND	e bidg., etc.) INJURY OCCUR?	1ford Ave. 12	ct location)
FDICAL	OF INJURY (APPROX.) 12 23 69 8:08m. WORK AT NOT	e bidg., etc.) INJURY OCCUR?	1ford Ave. 12	ct location)
FDICAL	OF INJURY (APPROX.) 12 23 69 8:08m. WHILE AT NOT AT V	e bidg., etc.) INJURY OCCUR?  1808 Gui  22F. HOWDID INJ  WHILE  VORK XX Subject	1ford Ave. 15	ct location)
FDICAL	OF INJURY (APPROX.) 12 23 69 8:08m. WORK AT NOT	e bidg., etc.) INJURY OCCUR?  1808 Gui  22F. HOWDID INJ  WHILE  VORK XX Subject	1ford Ave. 15	ct location)
FDICAL	OF INJURY (APPROX.) 12 23 69 8:08m. WHILE AT NOT AT V	HILE XX Subject  topsy XX and that an the	1ford Ave. 15 URY OCCUR? shot	apinian
FDICAL	OF INJURY (APPROX.) 12 23 69 8:08m. WORK AT VORK AT VO	Homicide EX	1ford Ave. 15 URY OCCUR? Shot Is basis, death in my Undetermined manner	apinian
FDICAL	OF INJURY OF INJURY OF INJURY OF INJURY (APPROX.)  12  23  1 certify that I held an Inquiry Inspection ACTUAL  ACTUAL	while Subject  topsy XX and that an the Homicide XX CHIEF MEDICAL E	1ford Ave. 15 URY OCCUR? shot Is basis, death in my Judgetermined manner [ XAMINER [	apinian
FDICAL	OF INJURY (APPROX.)  12 23 69 8:08m. WORK  NOT AT V  23.  1 certify that I held an Inquiry Inspection Au resulted from: Natural causes Accident Suici	while Subject  topsy X and that an the Homicide X CHIEF MEDICAL E  ASSISTANT MEDICAL E	Shot  Is basis, death in my  Judetermined manner [  XAMINER [  XAM	apinian
FDICAL	22D. TIME (Month) (Doy) (Yeor) (Hour) 22E. INJURY OCCURRED OF INJURY (APPROX.) 12 23 69 8:08m. WHILE AT NOT AT V  23.  1 certify that I held an Inquiry Inspection Auresulted from: Natural Causes Accident Suicion ACTUAL SIGNATURE EXAMINER'S	while Subject  topsy XX and that an the Homicide XX CHIEF MEDICAL E	Shot  Is basis, death in my  Judetermined manner [  XAMINER [  XAM	apInIan DATE SIGNED
A CIGAN	22D. TIME (Month) (Doy) (Yeor) (Hour) 22E. INJURY OCCURED OF INJURY (APPROX.) 12 23 69 8:08m. WHILE AT NOT AT V  23.  1 certify that I held an Inquiry Inspection Auresulted from: Natural causes Accident Suicid ACTUAL SIGNATURE EXAMINER'S NAME (Type) Ronald N. Kornblum, M.D.  44. BURIAL CREMATION, 24B. DATE 124C. NAME of CEMETERY	while Subject  topsy Manual Ma	Shot  Is basis, death in my  Judetermined manner [  XAMINER [  XAM	apinian DATE SIGNED
E C C C C C C C C C C C C C C C C C C C	22D. TIME (Month) (Doy) (Yeor) (Hour) 22E. INJURY OCCURRED OF INJURY (APPROX.) 12 23 69 8:08m. WORK AT NO.  1 certify that I held an Inquiry Inspection Auresulted from: Natural causes Accident Suicion ACTUAL SIGNATURE EXAMINER'S NAME (Type) Ronald N. Kornblum, M.D.	while Subject  topsy Manual Ma	Shot  Is basis, death in my  Judetermined manner [  XAMINER [  XAM	apInIan  DATE SIGNED
A CIGAN	22D. TIME (Month) (Doy) (Yeor) (Hour) 22E. INJURY OCCURED OF INJURY (APPROX.) 12 23 69 8:08m. WHILE AT NOT AT V.  23.  1 certify that I held an Inquiry Inspection Augresulted from: Natural causes Accident Suicides Examiner's NAME (Type) Ronald N. Kornblum, M.D.  4A. BURIAL CREMATION, EMOVAL (Specify) 124B. DATE 24C. NAME of CEMETERY EMOVAL (Specify) 124B. DATE 24C. NAME of CEMETERY	while 22F. HOW DID INJ CORRESPONDENCE  ASSISTANT MEDICAL E  OF CREMATORY 24D. I	Shot  Is basis, death in my  Judetermined manner [  XAMINER    XAMINER    XAMINER    XAMINER    COCATION (City, lown)	apinian DATE SIGNED
A CIGAN	22D. TIME (Month) (Doy) (Yeor) (Hour) 22E. INJURY OCCURED OF INJURY (APPROX.) 12 23 69 8:08m. WHILE AT NOT AT V  23.  1 certify that I held an Inquiry Inspection Auresulted from: Natural causes Accident Suicid ACTUAL SIGNATURE EXAMINER'S NAME (Type) Ronald N. Kornblum, M.D.  44. BURIAL CREMATION, 24B. DATE 124C. NAME of CEMETERY	while Subject  topsy Manual Ma	Shot  Is basis, death in my  Judetermined manner [  XAMINER    XAMINER    XAMINER    COCATION (City, lown)	apinian DATE SIGNED
A CICE	22D. TIME (Month) (Doy) (Yeor) (Hour) 22E. INJURY OCCURED OF INJURY (APPROX.) 12 23 69 8:08m. WHILE AT NOT AT V.  23.  1 certify that I held an Inquiry Inspection Augresulted from: Natural causes Accident Suicides Examiner's NAME (Type) Ronald N. Kornblum, M.D.  4A. BURIAL CREMATION, EMOVAL (Specify) 124B. DATE 24C. NAME of CEMETERY EMOVAL (Specify) 124B. DATE 24C. NAME of CEMETERY	while 22F. HOW DID INJ CORRESPONDENCE  ASSISTANT MEDICAL E  OF CREMATORY 24D. I	Shot  Is basis, death in my  Judetermined manner [  XAMINER    XAMINER    XAMINER    COCATION (City, lown)	DATE SIGNED  /24/69 , or county) (Stote)

1	1
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
This certificate must be approved by the chief medical examiner or his assistant if death occurred the body was released to the hospital by a medical examiner. Also, if the direct or contributing shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased priwritten approval must be obtained before the remains are embalmed or final disposition is made.	

41	3-530 69 13137		HEALTH DEPARTMENT TE OF DEATH	REG. NO	69 13137
1,1	ITH NO. NAME OF DECEASED PO OF Print)	:11		D HOUR OF DEATH	7/10
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (Who	14-69	nstitution: residence belore admission)
- 11			D. COUP	TY	nstitution: residence before odmission)
- II H	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION) SPITAL OR ADDRESS OR LOCATION)	ON, GIVE STREET	C. CITY, OR YOWN	D. INS	SIDE CITY LIMITS?
2	1/2 / < //		BALTIMORY		YES NO
Ľ	BON Secours Ho	SPITAL	E. STREET AND NUMBER	BRUCE	54 01223
5.	SEX 6. RACE 7. MARRIED WIDOWED WIDOWED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthroy)	H Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
10/	USUAL OCCUPATION (Give kind of work 108, KIND OF BU	DIVORCED SINESS OR INDUSTRY	11. BIRTHPLACE (State or lare	ign country)	12. CITIZEN OF WHAT COUNTRY
dor	e during most of working life, even if retired)		MARY/A	nd	
13.	FATHER'S NAME	<	14. MOTHER'S MAIDEN NA		
	William EDWARD			Johnson	$\sim$
15. (Ye	s, no ar unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO.	17. INFORMANT	/	ADDRESS
	Yes d	17-20-0659	Uts chaet		
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH		//	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A)IMMEDIATE CAU	J.L.	hoRAX	UAYS
	IThis does not meen the mode of dying, e.g., heart failure, astheria, etc. It means the disease, injury or complication which caused death.)	DUE TO, OR AS A	CONSEQUENCE OF:	**************************************	
	ANTECEDENT CAUSES	Seve	DE Pulma	NARY EMPI	hugan Jane
	DISEASES OR CONDITIONS, it any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	ALLA CALL	TYSEN A TEHRS
	rise to the obave cause (A) stating the UNDERLYING CONDITION last.	(c) LUNG	Absces	es	MONTHS
NOI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	C			
ERTIFICATION	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19B. CONDITION FOR WHI	CH OPERATION	20A. AUTOPSY? (Yes or No	TOP IS WER THEFT	
ATT.	WAS PERFORMED	CH OFERATION	Yes	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
U	21A. ACCIDENT WAS UNDERLYING 21B. PLA OR CONTRIBUTING CAUSE OF DEATH Inotify medical examined etc.)	CE OF INJURY (e.g., in orm, factory, street, off	or obout 21 C. WHERE DID	(If In Boltimor	e City, give exoct location)
0	21D.TIME (Month) (Doy) (Year) (Hour) 21E INJ OF INJURY	URY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
8	(APPROX.) While A	At Work			- all
	22. I certify that (1) (this hospital) attended the d	eceased from	2.23-	969 10 /2	1969
	•	2. 24		ot in(my) (our) opli	nion death occurred on the date
	and hour and from the couses stated above. (1) (W	(e) (did) (did not) vi	ew the body ofter death.		loop DAYS SIGNED
	agustin all Campo	A) After		Shoff	12/24/64
	PAME (Type)	DEGREE Phys.	Director L	Phys.	2 1/0/
	JAGUSTIN CE/ C	AMPO AND	Bon secon	is. Hop.	Bult. Md.
24A	BURIAL CREMATION, 24B, DATE 24C.NAME	of CEMETERY OF CREA	MATORY 24D. LC	CATION (Cit	iy, town, or county) (Stole)
25.6	Buril 12030/69 Dal	A May,	lem jo	501/ Redri	ik an
1 25A	DATE RECOOR HEALTH DEPT. 258 NAME OF R	G G G	25C. FUNERAL DIRECTOR	170	ADDRESS
VS	DE SE VERROS (D.)	7 13	TOPPER	more	Vina o

11 n. Bruce St.

1

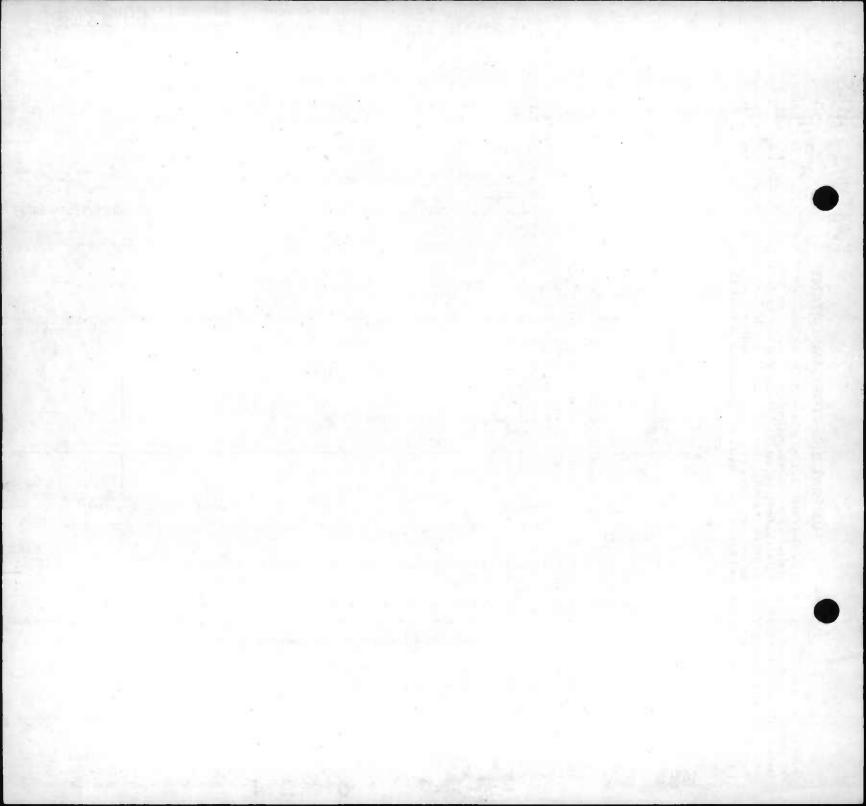
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## FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a haspital (except where the physician who pranounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the bady was released to the hospital by a medical examiner. Also, if the direct ar contributing cause of death shows: (1) An accident at any nature; (2) Bady burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be appraved by the chief medical examiner or his assistant if death accurred in a hospital and

	1 = 22		HEALTH DEPARTMENT	60	13138
-	5-5-0 69 1313	S CERTIFICA	TE OF DEATH	REG. NO.	10100
	TH NO.	CERTITICA			
	AME OF DECEASED e or Print) //OLA JO	ONES	2. DATE ANI	124/69	1230 PM
3. P	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where	e deceased lived. If institution	residence before odmission)
FUI	LL NAME OF (IF NOT IN HOSPITAL OR IN	ISTITUTION, GIVE STREET	MARYLAND		907
HO	SPITAL OR ADDRESS OR LOCATION	251NO	C. CITY OR TOWN	D. INSIDE CITY	LIMITS?
1	MY. SINAI PULL	HOME	E. STREET AND NUMBER	YES	] NO []
9		140172	1770 Home	dead St.	
5. S	EX 6. RACE 7. MARS	RIED NEVER MARRIED	8. DATE OF BIRTH	P. AGE (In years 55   II Un	der 1 Yr. II Under 24 Hrs.
4	- CHEVEL WIDOW		Jun 24. 1911	ost birthday) Manth	S Days Hours Min.
	USUAL OCCUPATION (Give kind of work 108. KIN1	OF BUSINESS OR INDUSTRY	17. BIRTHPLACE (Stole of Foreign	gn country) 12. C	TIZEN OF WHAT COUNTRY?
done	the seed the		Hamplan &	2.61	
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE.	
	Yearnewn)		UNKMIN		
	Nos Deceosed Ever in U. S. Armed Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	/	ADDRESS
1163	, ilo di dirkitowii/ ili yes, give wai di dates di servi	SECORITI NO.	Henry la	101 / 1771A	emeite 150
	18.	CAUSE OF DEATH	The way for	1/10/00	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY		0 4/	0	SETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A) IMMEDIATE CAU	SE Carcilona o	Johnnach	4110
	(This does not meon the made of dying, heart foilure, asthenia, etc. It means the dise		A CONSEQUENCE OF:		
	injury or complication which coused death.)				
	ANTECEDENT CAUSES	(B)	111		
	DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:		
	rise to the obove couse (A) stoting UNDERLYING CONDITION last.	(C)			
Z O	OTHER SIGNIFICANT CONDITIONS CONTRIBUTE				
	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	VAL			
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	10 B. IF YES, WERE FINDING IN CERTIFYING CAUSES O	
CERT	21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in	a chaut 21 C WHERE DID	(II In Boltimore City,	- I
	OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	home, larm, lactory, street, al	fice bldg., INJURY OCCUR?	(II In Boltimore City,	give exact locotion)
U			215 110111 212 1111		
MEDI	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	While At Not While	21F. HOW DID INJU	JRY OCCUR?	
<	(APPROX.)	While At Work At Work		0	1
	22. I certify that (1) (this haspital) attend	ed the deceased from M	arch 19661	9 to fre	19
	that (1) (we) last saw the deceased alive	/ /		nt in (my) (our) apinion de	eath accurred on the date
	and haur and from the causes stated abov	e. (I) ()(6) (did not) v	iew the body after death.		
	and haur and from the causes stated abov 23A. SIGNATURE	e. (I) ()(d) (did nat) v	iew the body after death.	23B, D	ATE SIGNED
		ELOCUSTAD, Atte		Staff	ATE SIGNED
	23A. SIGNATURE  23C. PHYSICIAN'S	Phys DEGREE Phys	nding Med.		ATE SIGNED 12-24/69
	23A. SIGNATURE	Phys DEGREE Phys	nding Med.	Staff	ATE SIGNED 12/24/69 Dt. A.d.
	23C. PHYSICIANS NAME (Type) MORTON MIMPL BURIAL CREMATION, 1248, DATE 124	Phys DEGREE Phys	nding Med. Director  23D. ADDRESS  200 W. Colly	Stoff Phys	2-24/69 25. 41.  1, or county) (Stote)
	23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  MORTON MIMPLE	DER MO. DEGREE	nding Med. Director  23D. ADDRESS  200 W. Colly	Stoff Phys	12/24/69 Dt. Hd.
	23C. PHYSICIAN'S NAME (Type)  MORTON MIMOR  BURIAL CREMATION, 248, DATE  24  UMAL  DUMAGE  24  DUMAGE	DER MO. DEGREE	nding Med. Director  23D. ADDRESS  200 W. Colly	Stoff Phys	12/24/69 Dt. Hd.
24A	23C. PHYSICIAN'S NAME (Type)  MORTON MIMOR  BURIAL CREMATION, 248, DATE  24  LUMB 1000 1000 1000 1000 1000 1000 1000 10	ER MO.  C. NAME of CEMETERY OF CRE  THE CONTRACT CONTRACT CRE  THE	Med. Director  23D. ADDRESS  DOD G. Cold  MATORY  24D. Co	Stoff Phys	12/24/69 Dt. 41. , or county) (State)



VS 150-REV, 1/1/68

				BALTIMORE CITY	HEALTH DEPARTMENT		69	13139
	-560	69	13139	CERTIFICA	TE OF DEATH	REG. NO		A *4
	TH NO.	ASED				AND HOUR OF DEATH		1 PM
(Ty	pe or Print)		¢ 2121	- 16	12	1/20/19	954	Age som
	PLACE IN BALT	IMORE MARYLAND.	WHERE PRONOU		4. USUAL RESIDENCE (V	Vhere deceased lived. If in	nstitution; resident	before odmission)
		, , , , , , , , , , , , , , , , , , , ,			A. STATE B. CO	UNTY	2	200
FU	LL NAME OF	(IF NOT IN HOSPI	TAL OR INSTITU	TION, GIVE STREET	md.	110,600	2	200
IN	STITUTION		,		C. CITY OR TOWN		IDE CITY LIMITS?	
H	00d C	onvalesce	nt Ho	me	E. STREET AND NUMBER		AE2 🔼	ио 🗌
Ψ.	5212	Edmonds	A .	Balto. 2/229		Carre alexa	A	
5. 5	SEX	6. RACE	7. MARRIED		B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr.	
F	aloma	1.1	WIDOWED		3-3-1890	last birthdoy)	Months Days	Haurs Min.
			rk 108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign con try)	12. CITIZEN O	FWHAT COUNTRY?
1	3	varking tile, even if retired)			maryland.		u.s.	Δ
H	FATHER'S NAM	te			14. MOTHER'S MAIDEN	N A A A F	4.3.	17.
13.	TATHER 3 NAM	h 6						
6	Jilliam	D. Conro	-			on		
		(If yes, give war ar da		1 6. SOCIAL SECURITY NO.	17. INFORMANT	70 SAE	BERSKY COL	IRT.
2	0			220-03-7869	MRS. EDNA ME			21221
-	18. 300	0.1		CAUSE OF DEAT			APPR	OXIMATE INTERVAL
	DISEAS	E OR CONDITION D	IRECTLY				BEIWEE	IN ONSET AND DEATH
		LEADING TO DEATH		(A) IMMEDIATE CAL	ISE Pheunis		di	MV.
		al meon the made a osthenio, etc. Il meon			A CONSEQUENCE OF:			
		plicotian which cause				0 01		04.1
	1	ANTECEDENT CAUSE	S	(n)	C.BS M	Lemitery		Jehor 2
	DISEASES O	R CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		7	********
		above cause (A) CONDITION last.	stoting the	(c)				
	ONDERENING	CONDITION 1031.		(0)			1.7	
Z	OTHER SIGNIE	II ICANT CONDITIONS CO	ONTRIBUTING	C.BS		181.	Y	eps).
ATION	TO THE DEAT	H BUT NOT RELATED TO	THE TERMINAL	Valigue	e Verns Lev	ere biliter		enil.
CA		OPERATION 198. CO	NDITION FOR W	HICH OPERATION	20 A. AUTOPSY? (Yes o	No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CON	SIDERED
CERTIFIC	0	WAS PE	RFORMED			IN CERTIFYING CA	AUSES OF DEATH	1?
CE	21A. ACCIDEN	T WAS UNDERLYING	21 B.	PLACE OF INJURY (e.g.,	n ar about 21 C. WHERE DI	(If in Baltimo	re City, give exac	t lacation)
AL		TING CAUSE OF medical examiner)	etc.)	e, larm, toctary, street, a	ffice bldg., INJURY OCCUR	.:		
DIC	21D. TIME	(Manth) (Doy) (Year	) (Hour) 21 E,	INJURY OCCURRED	21F, HOW DID	INJURY OCCUR?		
MEDI	OF INJURY	,		e At Not Whil	e C			
	(APPROX)		Wark	At Wark				10
	22. I certify	that (1) (this hospite	al) ottended th			19 67 to 12	- 28	19.62
	that (I) (we)	last sow the deceas	sed olive an	12/29/	19 <i>6</i> 7 and	that in (my) (aur) ap	Inian death ac	curred an the date
	and hour and	from the causes st	ated abave. (1)	(We) (did) (did not)	view the body after deo	th.		
	23A. SIGNATU	RE O	Λ				23B, DATE SIG	NED
		- Jan	Money	Phy	ending Med. s. Director	Staff Phys.	1 00	
	23C. PHYSICIA	N'S A		GEGALL	23D. ADDRESS	1 1 0	1 1.1	2021
	NAME (T)	ype) Hone	, M.	Johnez	1011 Fr	esterich Ro	M. M.	21668
24/	A. BURIAL CRE	MATION, 248, DATE	24C. NA	ME of CEMETERY OF CR	EMATORY 240	LOCATION (C	ity, tawn, or cour	nty) (State)
11 .	REMOVAL (S	ipecify)						, , , , , , , , , , , , , , , , , , , ,
	BURIAL	JAN. 2	, 1970	ST. MICHAELS	CATHOLIC		MD.	DDBESS
25/	A, DATE REC'D	BY HEALTH DEPT.	258. NAME O	REGISTRAK	JOSEPH B.	DIRST. FROST		21532
		AND THE STATE OF T	NETT AND DE LA PROPERTIE DE LA	A CONTRACTOR	THE THE PARTY OF T	DICCOLL & LUCCIT		E 1776

Hood nursing Home - address of deceased 70 Seversky Ct. Balts. Co. 21221 S-3-7377 - 24 bunkyzam of warmy nordinalt W. Midden D. Conroge

0 10110	BALTIMORE CITY	HEALTH	DEPARTMENT
0 40440			

		69	4	2	4	A	1
REG.	NO.	00		O	J.	41	U

BIRTH NO. 69 1314U CERTIFICA	TE OF DEATH REG. NO. 03	10140
I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	01
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	12/30/69	8 A. M.
S. FEACE IN BALLIMORE MARILAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: A. STATE B. COUNTY	residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN . D. INSIDE CITY	LIMITS?
38	BACTIMORE YES	NO 🗌
Musy of Md. Loca	E. STREET AND NUMBER  546 S- PACA ST	
5. SEX 6/RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH / 19. AGE (In years I If the	er 1 Yr. If Under 24 Hrs. Deys Heurs Min.
M WIDOWED DIVORCED	3/25/98 last birthdey) Manths	Deys Heurs Min.
10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLA CE (Stote or foreign country)   12. CIT	ZEN OF WHAT COUNTRY?
desire dering mass of walking me, even is resided)	MAGNILAND	USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15, Was Deceased Efer in U. S. Armed Forces? 116. SOCIAL	Mirish Bowin	
15. Was Deceased Effer in U. S. Armed Ferces? (Yes, no ar unknown) lif yes, give wer ar dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS A ST
	Hildow BARNES 644 P.	ntland 4
DISEASE OR CONDITION DIRECTLY		APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
terrance on participations	Henry Comp	doug
	CONSEQUENCE OF:	
injury as complication which caused death.) GANGI	TENE SMALL inserting	
ANTECEDENT CAUSES	SIUL Resection	8 days
		01
UNDERLYING CONDITION lost. (C) Superi	in mes. Ant. Thrombia	1 day
	, , , , ,	2
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OTHER DEATH BUT NOT RELATED TO THE TERMINAL	ist Fibrillages	5
OISEASE OR CONDITION GIVEN IN PART 1 (A).	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDING	CONSIDERED
192 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED OF THE INTERFER	IN CERTIFYING CAUSES OF	DEATH?
OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in home, forcer, street, effi	er obout 21 C. WHERE DID (If to Beltimere City, gloce bldg, INJURY OCCUR?	re exoct lecotion)
DEATH (nelity medical exomine)		
OF INJURY (Menth) (Dey) (Year) (Haut) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX) 12/12/65 ? While At Werk	ASJANOT.	
22. I certify that (何(this hospital) attended the deceased from	12/15- 1967 10	2/30 1965
that (9) (we) lost saw the deceased alive an (2/3)	19 65 ond that in (new) (our) opinion dec	th occurred on the date
and hour and from the couses stated above. (1) (We) (did) (didustry) vi.	ew the body ofter deoth.	
23A, SIGNATURE		TE SIGNED
1 and I will the Marketist Phys.		1280/65
NAME (Type)	D. ADDRESS	
I.FRANK HARTMAN THO OFGREE		
REMOVAL (Specify) 248. DATE 24C. NAME of CEMETERY OF CREA	1. A > 0 / DL	1 (7) R
BURIAL 1/3/70 Daltimae	alronal Balfunos	afeinal
JAN 5 1970 258 NAME OF REGISTRAR	OHARLES A. RICE 661	ADDRESS BARRE 5
OTHER BUTO STATE C. VALUEL, M.D.	CAMAKON H. MIGE	. , , ,

VS 150-REV. 1/1/68

MARYL ANT

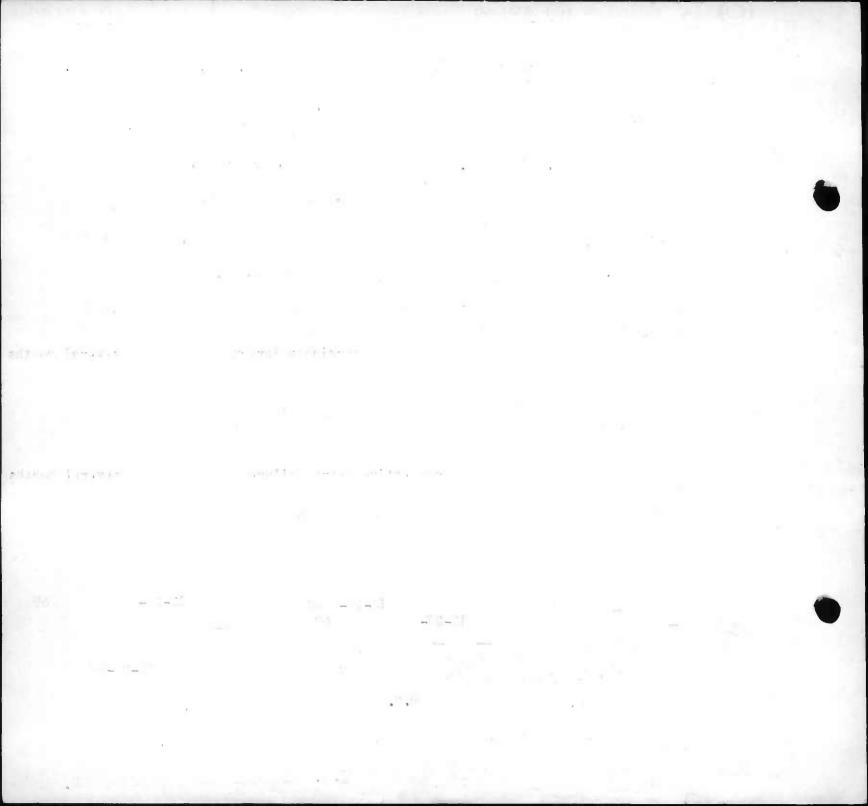
		2.4		BALTIMORE CITY	HEALTH DEPARTMENT		69 13141
1	0-2:	30 69	131	41 CERTIFICA	TE OF DEATH	REG. NO	03 13141
	TH NO.			CERTITO	DE PATE	AND HOUR OF DEAT	ч
	AME OF DEC		. L TT			6 -	1 2.44
	N	Alfred Cli				-30-69 Where deceased lived. If	institution: residence before admission)
3, 1	PLACE IN BAL	TIMORE, MARYLAND, W	HEKE PKON	OUNCED DEAD	A. STATE B. CO	YTAUC	15 11
FU	LL NAME OF	(IF NOT IN HOSPIT	AL OR INST	TUTION, GIVE STREET	Marylan	d'	15//
II HO	SPITAL OR	ADDRESS OR LOCA	A IION)		C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?
11	. 9				Baltimore		YES NO
14	Lu	theran Hospi	tal		E. STREET AND NUMBER		
L							
5. \$	EX	6. RACE	7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	Male	Colored	WIDOWE		Dec -2-1899	70yr	
			10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of	foreign country)	12. CITIZEN OF WHAT COUNTRY?
don	Chauffe	working life, even if retired)			Balto, I	Md.	U.S.A.
13.	FATHER'S NA	ME			14. MOTHER'S MAIDEN	NAME	
			6		D:11-1- 1	Tanahawa Ga	EC.)
		orge F. West		DC.)	Rinthia 1	renerne (D	ADDRESS
IS.	Was Deceased s,no or unknown	Ever in U. S. Armed For	rces: es of service	1 6. SOCIAL SECURITY NO.		03	
	110			213-01-0656A	Mrs Beatrice	Christian -	3407 Ellamont St
-	1B. 3	01		CAUSE OF DEAT	H	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEA	E OR CONDITION DI	RECTLY	(D. 1.	n h	- Stille	~ P
		LEADING TO DEATH		(A)IMMEDIATE CA	A CONSEQUENCE OF:	, , ,	7
		not mean the mode of ostherio, etc. It means		9-, DUE TO, OR AS	A CONSEQUENCE OF:	las Herra	rhage
		plication which coused		" Corel	ul baser		7 0
		ANTECEDENT CAUSES	5	. He he	starried - C	ing CUK	
	DISEASES O	OR CONDITIONS, if	onv. givi	DUE TO, OR AS	A CONSEQUENCE OF:		
-	rise to the	e above couse (A)			hote he	Dehr	
	UNDERLYING	G CONDITION loss.		(c) 170			
7		11				No.	
ATIO	TO THE DEAT	FICANT CONDITIONS CO	THE TERMINA	G AL			
CA	DISEASE OR C	ONDITION GIVEN IN PA	RT I (A).	R WHICH OPERATION	20A. AUTOPSY? (Yes	or No. 208. IF YES, WER	RE FINDINGS CONSIDERED
II E	17A. DATE OF	WAS PER	REDRINED	A WITTER O'LEANION	NO	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
CER	21 A ACCIDE	NT WAS LINDERLYING	7	218. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DI	ID (If In Boltin	nore City, give exact location)
AL O	OR CONTRIBI	NT WAS UNDERLYING	_	nome, form, foctory, street, cet.)	office bldg., INJURY OCCU	R?	
U		medical examiner					
03	21 D. TIME OF INJURY	(Month) (Doy) (Year)		TE, INJURY OCCURRED		INJURY OCCUR?	
1	(APPROX.)			While At Work At Work	le 🔲		
	22 1	Abov (I) (Abia bagaisa			an 29	19/1 8 to I	20, 30 1965
				11		19 <u>(1 ( ) 10</u>	opinion death occurred on the date
		lost sow the deceos		7	,		opinion death accorred on the date
	ond hour on	d from the causes sta	oted obove	. (I) (Watter) (did not)	view the body ofter de-	oth.	The state of the s
	23A. SIGNATI	JRE				, the total	23B. DATE SIGNED
	lill	Jack) (0)	a se	DEGREE PH	ys. Med. Directar	Staff Phys.	(2/87/0)
	23C. PHYSICIA	AN'S	1	0	23D. ADDRESS	1	. 0
	NAME (	11 mm 1	2001	0/0/0	6615 Ne	westers	~
24	A. BURIAL CRE	MATION, 24B. DATE	1240	NAME OF CEMETERY OF CI		D. LOCATION	(City, town, or county) (Stope)
	REMOVAL		000	n/ /2.//		Bent -	m U
	Duria	1-3-	10 1	It. allell	m 1	receman	ADDRESS.
2\$	A. DATE REC'E	BY HEALTH DEN	25B NAV	F REGISTRAR	25C. FUNERAL DIRE	Of MARK	ADDRESS +
	SHII S	1910 Amore	- 300	02240	Willington	P. Millyer 1.	N. 1727 Mones T'
VS	150-REV. 1/1/	′6B					

Bucker Mayor My March Contract the second the endings Mysterny and a come Division, March La Carl Col July 6611 Heinterston 1000 Reported

M-252 69 13142 BALTIMORE CITY HEALTH DEPARTMENT REG. NO	69 13142
BIRTH NO. CERTIFICATE OF DEATH REG. NO.	
TNAME OF DECEASED CHARLES MC GONNAGILL 12/30/69	1 6.20 p.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceosed lived, If instit A. STATE B. COUNTY	tution: residence belore admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)  C. CITY, OR TOWN  D. INSIDE	CITY LIMITS?
	YES NO
E. STREET AND NUMBER 3/16 B NORTHERN	PANKWAY
M GC. WIDOWED DIVORCED 7/19/86 Ost birthysy 3	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  done of gring most of working life, even if retired)  Lifted & Boya Ballo Red	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME WEBEROUN UNDERS MAIDEN NAME	6
15. Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT	ADDRESS
Yes, no or unknown) (If yes, give wor or doles of service) 215-01-5230 7 My John Darnickol	3116 C. hortler
18. 4 8 5 X 1 CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A)IMMEDIATE CAUSE PRONCHO PNEUMONIA	A / week.
(This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease,	- avec
injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, if ony, giving nise to the obove cause (A) stating the UNDERLYING CONDITION lost. (C)	
_ 11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
▼   DISEASE OR CONDITION GIVEN IN PART   (A).	IDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIN IN CERTIFYING CAUS.  21A. ACCIDENT WAS UNDERLYING 121B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID. (If In Boltmare C.)	ES OF DEATH?
OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?	City, give exact lacation)
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  White At The Not White Company of the State of t	
(APPROX.) Work At Wark	13
22. I certify that (1) (this hospital) attended the deceased from 12 20 19 to	19 09
ond that in (my) (dur opinio	on death occurred on the dat
ond four and from the Eguses stated above. (i) (1) (did) (did not) view the body after death.	38. DATE, SIGNED,
Attending Med. Shoff Director Phys.	12/30/69
23 CPHYSICIAN'S NAME (Type) RIBERRO NO DEGREE CHUION MEMOVIAL H	top.
	town, or county) (State)
25A. DATE REC'D BY HEALTH DEPT 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	DDRESS
JAN 5 19/0 Vales & New 75,0 1 / O la sella ann 600	of Tufered xi

and the reservoir

]	///-635 CERTIFICA	Y HEALTH DEPARTMENT ATE OF DEATH  REG. NO	69 13143
of deoth of deoth Deceased e on the oth. Such	I, NAME OF DECEASED (Type or Print)  John Robert Martin	Dec. 28, 69	10.30 pm
4, 0	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, if institution: A. STATE 8. COUNTY	residence befare odmission)
cause use; (5) tendonc	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	Md.  c. CITY OR TOWN  Baltimore  VES	
r att	2009 E. 32nd St.	E STREET AND NUMBER 2009 E. 32nd St.	
occurribu ontribu ermine regulo eased is mad	5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	last birthday) Month	der 1 Yr. If Under 24 Hrs. s Doys Hours Min.
in ec	10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	Y 11. BIRTHPLACE (Stote or foreign country) 12. CI	US.
rect or (4) Und was the d ispositi	13. FATHER'S NAME	1s Westminster Md.	V. J.
diportion of the party of the p	John R. Martin  15. Was Deceased Ever in U. S. Armed Forces?   16. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service)   SECURITY NO.	Alice Stouch 17. INFORMANT	ADDRESS
f the ty kin d deconce	Yes Navy 214 01 1678		Same  APPROXIMATE INTERVAL
ial examiner or his a l examiner. Also, if ; (3) A frocture of any ian who pronounced in regular attendo ins ore embolmed or	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meon the made of dying, e.g., heart failure, asthenia, etc. II means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES	USE CARCINOMA LARYNX  A CONSEQUENCE OF:  S A CONSEQUENCE OF:	SEVERAL MONTH
medico medico burns physic an wo	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	ive heart failure	several month
chief Body the ysici e the	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) IN CERTIFYING CAUSES OF	S CONSIDERED F DEATH?
y the ital by e; (2) /here No ph befor	U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., home, form, foctory, street, of DEATH (notify medical examiner)	in or about 21C. WHERE DID office bldg., INJURY OCCUR?	jive exact location)
ed b otur pt w (6)	21D. TIME (Month) (Doy) (Year) (Hout) 21E, INJURY OCCURRED While At Not White At Work	21F. HOW DID INJURY OCCUR?	
pprov the lany n any n (exce ; and	22. I certify that (1) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive on 12-27-		19.69
be a to nt of nt of pital soth)	ond hour and fram the couses stated obove. (1) (We) (did) (did not)	23B. D	ATE SIGNED
rele acci a h or to	23C. PHYSICIAN'S NAME (Type) E. Ellsworth Cook M. D.	Med. Staff Phys. 12- 23D. ADDRESS 2431 Maryland Ave.	29-69
certi sody /s: (1 D.O. osed	24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREMETERY OF		n, or county) (State)
This cer the bod shows: wos D.G deceose	25A. DATE REC'D BY HEALTH DERT.  25B. NEMPOF RESIDERAR  VS 150-REV. 1/1/68	2SC. FUNERAL DIRECTOR  B.A. Heemann 6067 Harr	ord RD.



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3	4	7	0	0	4	
2		0	Ce	pu	t be obtained before the remains are embalmed or final disposition is made.	11
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	0	22	-	10	0	
The control of the co	he body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	hows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceasec	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	eceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must	
3	D	An	0	ri	pr	
ĺ	3	-	A	a.	d	
-	dy	5	O	9	2	
0	00	15:	Ö	OS	e	
2	9	50	SE	Ce	#	
	ž	ž	>	0	>	

V 1151 00 10111	BALTIMORE CITY	HEALTH DEPARTMENT	1	00 42444
8-450 69 13144	CERTIFICA	TE OF DEATH	REG. NO.	69 13144
BIRTH NO.  1, NAME OF DECEASED			D HOUR OF DEATH	D
(Type or Print) FRANK KLINE			BER 31. 1969	11:30 <sup>n</sup> .
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOL	UNCED DEAD		e deceased lived. Il inst	itution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITU	UTION, GIVE STREET	MARYLAND		1721)
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN		E CITY LIMITS?
0-		BALTIMORE E. SIREET AND NUMBER		YES X NO .
PLEASANT MANOR NUT	RSING HOME	4003 FORDLEIGH	H ROAD #212	15
5. SEX   6. RACE   7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	II Under 1 Yr. II Under 24 Hrs.
MALE WHITE WIDOWED			lost birthdoy)	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF done during most of working life, even it retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY?
MERCHANT RETAI	I L	BALTIMORE, MA	ARYLAND	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
SAMUEL KLINE		ANNIE CAPLAN		
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO STATE OF THE ST	215-30-3251	MRS. SARAH BERI	KOWITZ, 4001	FORDLEIGH ROAD #15
18. 156.0	CAUSE OF DEATH		,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY			-10010	71
LEADING TO DEATH (This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAUS	SE Chicupna	- que ca	Ille >2 yrs
heort failure, asthenio, etc. II meons the disease, injury or complication which caused death.	DUE 10, OR AS A	CONSEQUENCE OF:	0	
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, if any, giving	(B)DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the above couse (A) stating the UNDERLYING CONDITION lost.				
II	(C)			***************************************
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).				
19A. DATE OF OPERATION 19B. CONDITION FOR V	WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	10 208, IF YES, WERE FIN	NDINGS CONSIDERED SES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B.	PLACE OF INJURY (e.g., in	or obout 21C, WHERE DID	(If In Boltimare	City, give exact location)
OR CONTRIBUTING CAUSE OF home etc.)	ne, farm, foctory, street, offi	ice bidg., INJURY OCCUR?	(11 11 12 11 11 11 11 11 11 11 11 11 11 1	with the succession
0	INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
OF INJURY	ile At Not While		7K1	
Wor			966 to 1	1 21 19
22. I certify that (1) (this hospital) attended th		/ NA.	96 6 to 1.	2-31 1962.
the (1) () last care the decorred alive on	5 ~ 3 1	- (-9		
that (I) (we) last saw the deceased alive an	12-31	19.69 and the		on deoth occurred on the date
that (I) (we) last saw the deceased alive an and haur and fram the couses stated above. (I	12-31	19.69 and the	at in(my) <del>(bor</del> ) apini	on deoth occurred on the date
and haur and fram the couses stated obave. (I	12 - 31 1) (We) (did) (did not) vi	19 69 and the	at in (my) tour) apini	on death occurred on the date
and have and from the couses stoted obave. (1) 23A. SIGNATURE  Janley Sterilo ac 23C. PHYSICIAN'S	1) (We) (did) (did not) vi	19 69 and the	at in(my) tour) apini	on deoth occurred on the date
and haur and fram the couses stated obave. (1) 23A. SIGNATURE  January 23C. PHYSICIAN'S NAME (Type)	1) (We) (did) (did not) vi	19 69 and the liew the body after death.  Inding Med. Director 130. ADDRESS	Stoff Phys.	on death occurred on the date
and haur and fram the couses stoted obave. (I)  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  STANLEY STEINBACK  24A. BURIAL CREMATION, 124B. DATE 124C, NA	1) (We) (did) (did not) vi	19 69 and the liew the body after death.  Inding Med. Director Director 13D. ADDRESS  11 SLADE AVENUE	Shoff Phys.	on death occurred on the date
and haur and from the couses stoted obave. (I)  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  STANLEY STEINBACK  24A. BURIAL CREMATION, 24B. DATE  24C. NA REMOVAL (Specify)	1) (We) (did) (did not) vi	19 6 9 and the liew the body after death.  Med. Director   3D. ADDRESS  11 SLADE AVENUE  MATORY 24D, LC	Shoff Court (City,	on death occurred on the date  23B. DATE SIGNED  ( 2 69  , town, or county) (State)
and haur and from the couses stoted obave. (I)  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  STANLEY STEINBACK  24A. BURIAL CREMATION, 24B. DATE  24C. NA REMOVAL (Specify)	Attended of CEMETERY OF CREATE AMUNO LARL	19 6 9 and the liew the body after death.  Med. Director   13D. ADDRESS  11 SLADE AVENUE  MATORY 24D, LC  LINGTON) ROG	Shoff Phys.	on death occurred on the date  23B. DATE SIGNED  ( 2 69  , town, or county) (State)
and haur and from the couses stoted obave. (I)  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  STANLEY STEINBACK  24A. BURIAL CREMATION, REMOVAL (Specily)  BURIAL CHI.  CHI.	Atten  DEGREE  DEGREE  AME of CEMETERY OF CREA  ZUK AMUNO (ARL	19 6 9 and the liew the body after death.  Inding Med. Director 130. ADDRESS  11 SLADE AVENUE MATORY 240, LO LINGTON) ROG	Shoff (City, ERS AVENUE,	on deoth occurred on the date  23B. DATE SIGNED  ( 2 69  , town, or county) (State)  MARY LAND

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# FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

11	BALTIMORE CIT	Y HEALTH DEPARTMENT	00 101
K-623 69 3	13145 CERTIFICA	ATE OF DEATH REG. NO.	
(Type or Printfilton Krastma	an	12/31/69 2:3	
3. PLACE IN BALTIMORE, MARYLAND, WH	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, I A. STATE B. COUNTY	f institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL HOSPITAL OR ADDRESS OR LOCA'	AL OR INSTITUTION, GIVE STREET TION)	MARY LAND C. CITY OR TOWN D. 1	NSIDE CITY LIMITS?
45		E. STREET AND NUMBER	YES NO NO
Good Samaratian Hos	spital	5521 GIST AUE	21215
S. SEX 6. RACE WHITE	7. MARRIED NEVER MARRIED NUMBER NOT	8. DATE OF BIRTH 9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 Hrs. Manths Days Hauts Min.
10A, USUAL OCCUPATION (Give kind of work	108. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
PLUMBER  13. FATHER'S NAME	EMPLOYEE	RUSSIA 14. MOTHER'S MAIDEN NAME	USA
PHILIP KRASTMAN		ANNA MANN	
15. Was Deceased Ever in U. S. Armed Forc	es? s of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	220-18-848	MR. HARRY KRASTMAN, 552	21 GIST AVENUE #15
DISEASE OR CONDITION DIRE			BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not meen the made of	dying, e.g., (A) IMMEDIATE CA	AUSE Fibrotic lung dises S A CONSEQUENCE OF:	ise 1-2 years
heart failure, asthenia, etc. it means injury or camplication which coused	me disease,		
ANTECEDENT CAUSES	Pneu	mothorax	5 hours
DISEASES OR CONDITIONS, if or ise to the obove cause (A) UNDERLYING CONDITION last,	ony, giving DUE TO, OR A	S A CONSEQUENCE OF:	
11	(0)		
O OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART	IE TERMINAL		
198. ONE WAS PERFO	DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes at Na) 20 8, IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
ZTA. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examine)	21 B. PLACE OF INJURY (e.g., home, farm, factory, street, etc.)	, in or obout 21 C. WHERE DID affice bldg., INJURY OCCUR?	more City, give exact location)
21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.)	(Haur) 21E. INJURY OCCURRED  While At Work  At Work		= - w
22. I certify that (I) (this hospital)	attended the deceased from 1.2	/31/69 19 10	2/31/69 19 ,
that (1) (we) lost sow the deceased	d olive on 12/31/69	19ond that in(my) (aur)	
ond hour and from the causes state	ed obove. (I) (We) (did) (did not)	view the body ofter deoth.	238. DATE SIGNED
1 1 00/0 0 101 1/1	Au auto	Hending Med. Staff	
23C. PHYSICIAN'S NAME (Type)	y up aegree Pr	23D. ADDRESS	12/31/69
	essey, MD. GEGRE	Good Samaratain Hos	spital
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C, NAME of CEMETERY of C		(City, town, ar county) (State)
BURIAL 1-2-70	SHAAREI ZION	ROSEDALE, MAI	RYLAND
25A. DATE REC'D BY HEALTH DEPT.	258. NAME OF REGISTRAR	2SC FUNERAL DIRECTOR	ADDRESS
VS 150-REV. 1/1/68	Valory 1. 1.	SOL LEVINSON & BROS.	6010 REISTERSTOWN KU.

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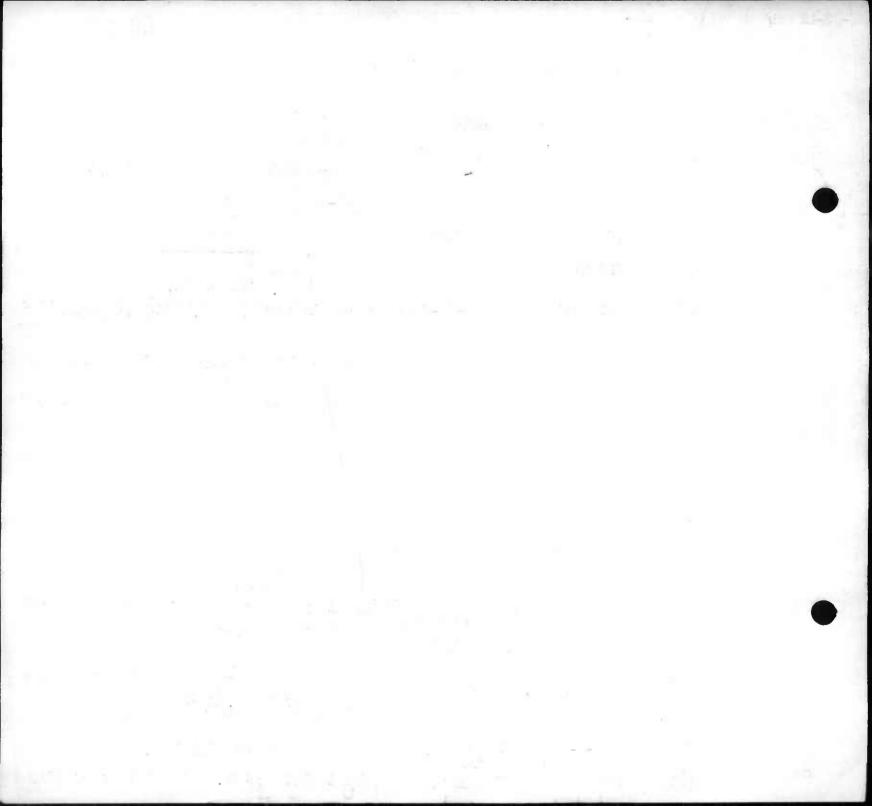
1	16-65	5 00	40444		TE OF DEATHEN		69 13146
	RTH NO.	69	13140	CERTIFICA	TE OF DEATH		30140
(1)	Pe or Print)	SHELDOI	v P.	BERM	AN 2. DATE	AND HOUR OF DEAT	169 5-00 PM
3.	PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (	Where deceased lived, II	institution: residence before admission
H	ILL NAME OF OSPITAL OR STITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA 4940 Easte	AL OR INSTIT ATIONI Ern Aven	UTION, GIVE STREET	Maryland c.city or fown	23/16.00.	ISIDE CITY LIMITS?
3	1BAL	Baltimore,	Maryla	nd 21224	E. STREET AND NUMBE		YES X NO
5.	SEX	6. RACE	7. ALADDIED	VI MENTED MADDIES (C)	8. DATE OF BIRTH	n Hill Road  9. AGE (in years	21207 007
	Male	White	WIDOWED		3-1-26	10st birthdoy)	Months Doys Hours Min.
dor	e during most of	UPATION (Give kind of work working life, even if relired) PRIETOR		BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or Maryland	foreign country)	12. CITIZEN OF WHAT COUNTRY
13.	FATHER'S NA				14. MOTHER'S MAIDEN	NAME	
	Meye				Rae SELK	CIVTZ	
15. (Te	Wos Deceased s, no or unknown	Ever in U. S. Armed For-	ces? s of service)	1 6- SOCIAL SECURITY NO.	17. INFORMANT MRS.	RENEE BERMAN	ADDRESS
	YES	WWII ARMY		220-12-7984	BOH HOW WOOD XXXXX		SAME SAME
		. 2 I		CAUSE OF DEAT	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		E OR CONDITION DIE LEADING TO DEATH	RECTLY	(A) IMMEDIATE CAU	SE RENAL	FAILL	
	heart failure,	al mean the mode of asthenia, etc. It means aptication which caused	the disease,	DHE TO OP AC	CONSEQUENCE OF:		4
		ANTECEDENT CAUSES	dedin.	44	MPHOM	4	1 UFAD
	DISEASES C	R CONDITIONS, if	ny, giving	DUE TO, OR AS	A CONSEQUENCE OF:	/ .	
	UNDERLYING	above cause (A) CONDITION last	stoling the	(c)			
NOL	OTHER SIGNIF	II CANT CONDITIONS COL H BUT NOT RELATED TO TH	NTRIBUTING				
CAT	DISEASE OR C	ONDITION GIVEN IN PART OPERATION 198 CON	1 (A).	WICH OPERATION	120 8	N. V. coo.	***************************************
CERTIFICATION	LINT.	ME WAS PERF	ORMED	WHICH OFERATION	20 A. AUTOPSY? (Yes or		FINDINGS CONSIDERED AUSES OF DEATH?
MEDICAL C	OK COMIKIBU	IT WAS UNDERLTING TING CAUSE OF medical examines	21 B, hom etc.J	PLACE OF INJURY (e.g., in e, form, foctory, street, aft	or obout 21 C. WHERE DID ice bldg., INJURY OCCUR		ore City, give exoct locotion)
EDI	21 D. TIME OF INJURT	(Month! (Doy) (Year)	(Hour 21 E.	INJURT OCCURRED	21F. HOW DID	INJURT OCCUR?	
2	(APPROX.)		Whi Wo	le Al While Al Work		one_	
	22. I portify	that (1) (this hospital)	attended ti	ne deceased fram	EC 23	_1909_ta	C 3/ 19 69
		last saw the decease	_	10 C 31			Inian death accurred an the date
			ed abaves (1	(did) (did nat) vi	ew the bady after deat	h.	
	23A. SIGNATU	tertu.	Ger	DEGREE Phys.	ding Med.	Stoff Phys.	238, DATE SIGNED
	PHTSICIAL NAME (Ty	13ERT	W. Ger	TERRY DECEMBER	3D. ADDRESS 4940 Balt	Eastern Aver	and 21224
24A	REMOVAL (S	AATION, 248. DATE	24C. NA	ME at CEMETERT of CRE	MATORY 24D	LOCATION (C	ity, town, or countyl (Stote)
25A	BURIAL	1-2-70 BT HEALTH DEET.		TFILOH,	w1	NDSOR MILL R	OAD, MARYLAND
1-00		and the same of th	THE PERSON NAMED IN	: velisterus	25C. FUNERAL DIRECT	OR	ADDRESS

VS 150-REV. 1/1/68

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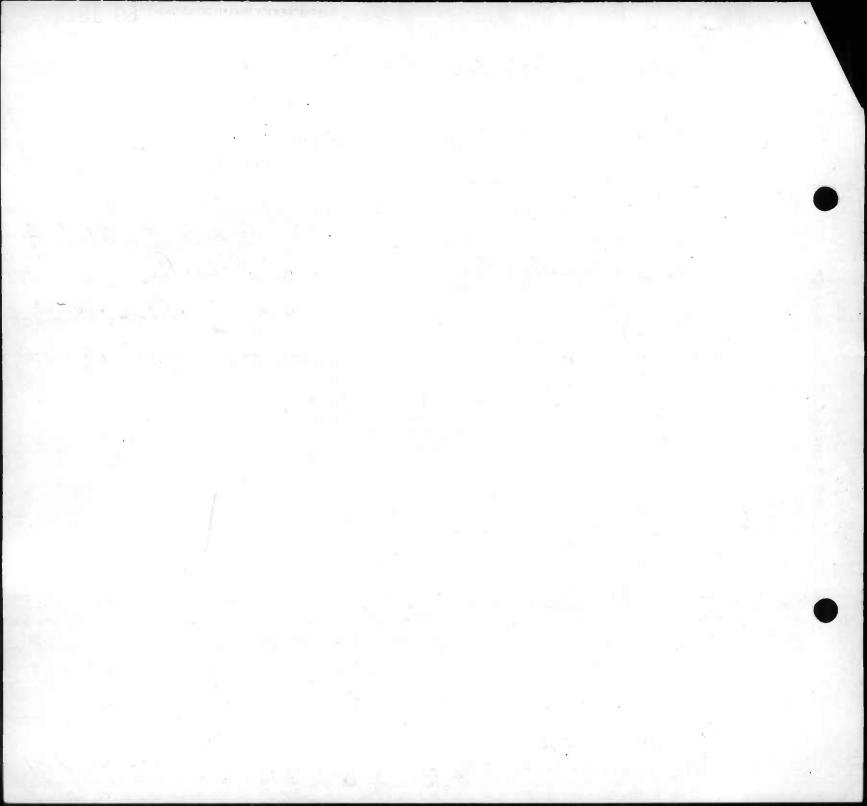
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6010 REISTERSTOWN ROAD SOL LEVINSON &BRRS.



	1	_	d)	-		1
Inis certificate must be approved by the chief medical examiner of his assistant if death occurred in a hospital	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of dea	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.	

BALTIMOR	E CITY HEALTH DEPARTMENT 69 13147
7-652 69 13147 CERTIF	ICATE OF DEATH
I, NAME OF DECEASED	2, DATE AND HOUR OF DEATH
Type or Print line Notten bend t	100m her 12/3//69 4 A M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE Where deceased lived, If institution: residence before admission A. STATE  B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	
INSTITUTION 6504 Eberle Mr. 110	C. CITY OR JOWN D. INSIDE CITY LIMITS?
april 10	E. STREET AND NUMBER
	6504 Eberbe Dr Cept 10/ to
S. SEX 6. RACE 7. MARRIED NEVER MARRIE	B. DATE OF BIRTH  9. AGE (In years   If Under 1 Yr. If Under 24 Hrs. Manths; Doys Haurs; Min.
Tenale Whell WIDOWED DIVORCE 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INE	
done during most of working life, even if retired)	Dalita III. BIKINTEACE (Side of Idreign Country)
Houseurfe Home	Bellemore, hid! U.J.H.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thouse Hollenberg	More Messler
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	17. INFORMANT ADDRESS
NO	arthur of Fromfals - Same
OBSE OF CONDITION DIRECTLY	DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	NE CAUSE Spirits proplets. 18 minch
	OR AS A CONSEQUENCE OF:
injury or camplication which caused death.)	2 (100
(B)	moute leukema 2 years
DISEASES OR CONDITIONS, if only, giving DUE TO, rise to the above couse (A) stating the	OR AS A CONSEQUENCE OF:
UNDERLYING CONDITION Iasi. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL    DISEASE OR CONDITION GIVEN IN PART I (A).	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	20 A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
U   21A. ACCIDENT WAS UNDERLYING     21B. PLACE OF INJUR	(e.g., in or obout 21C. WHERE DID (If in Baltimare City, give exoct location) reet, office bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCUR	ED 21F. HOW DID INJURY OCCUR?
	ot While
22. I certify that (I) (this baspital) attended the deceased from	
	2 4 19 69 and that in (my) (aux) opinion death occurred on the date
and hour and from the couses stated above. (1) (We) (did) (did	
23A. SIGNATURE	23B. DATE SIGNED
I testal & Quindersheimer M. Decor	Attending Med. Staff   12 - 31 - 69
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
Herbert Dundersleiner M.	De Jake Shine & Junder Clue
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, tawn, ar county) (State)
Burral 172/10, Hebrew Fre	endship Balto mel.
25A. DATE RECONSHEAT TO DEBLOAME OF AEGISTRAR	25C. SONERAL DIRECTOR 26010 Reconfed
The state of the s	1 1000



24C. NAME of CEMETERY or CREMATORY

288. NAME OF REGISTRAR

BETH YEHUDA ANSHE KURLAND

25C. FUNERAL DIRECTOR

NAME (Type) 24A. BURIAL CREMATION,

25A. DATE REC'D BY HEALTH DEPT.

REMOVAL (Specify)

VS 151-REV. 1/1/68

24B. DATE

1 - 2 - 70

12/31/69

**ADDRESS** 

(State)

24D. LOCATION (City, town, or county)

BOWLEYS LANE, MARYLAND

SOL LEVINSON & BROS. 6010 REISTERSTOWN ROAD

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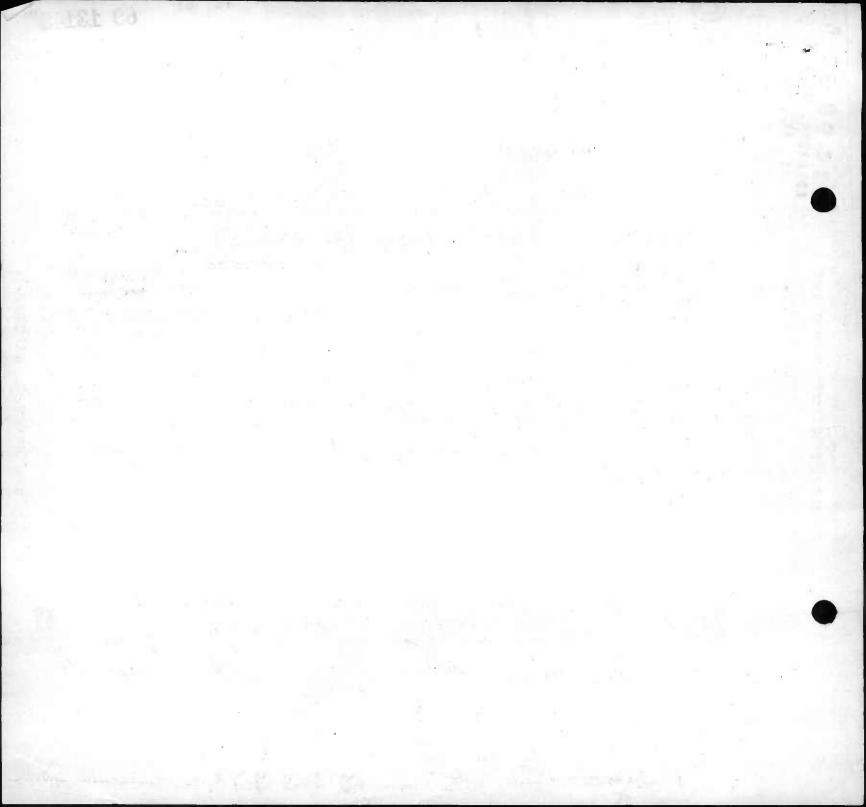
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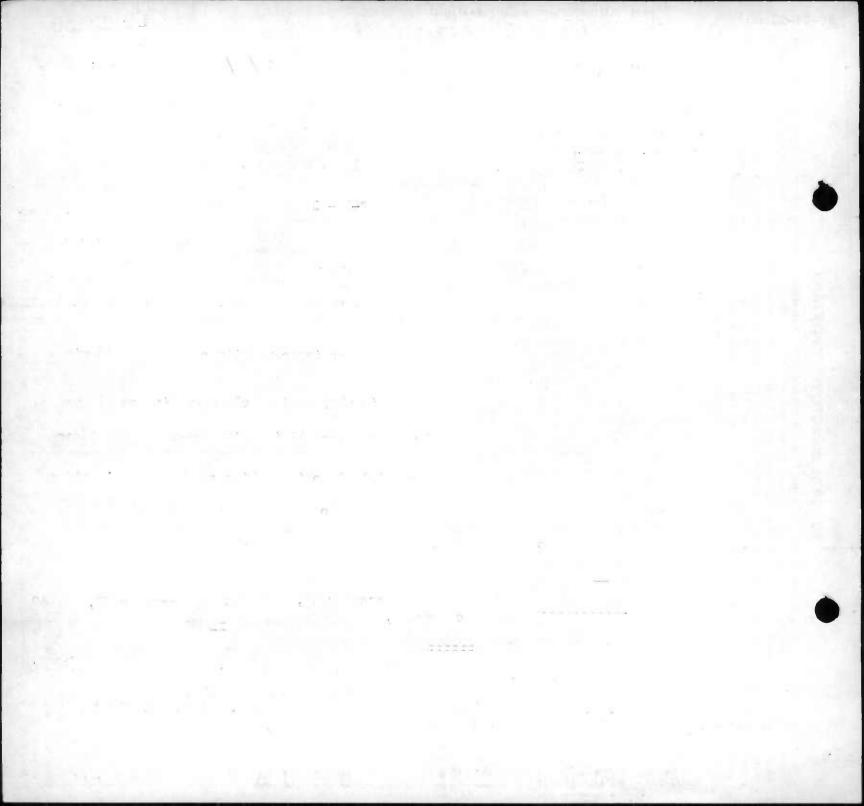
SECTION 1		BALTIMORE CITY HEALTH DEPARTMENT	9 13149
Q. neros	1	1-165 69 13149 CERTIFICATE OF DEATH X REG. NO	10149
and and ase th th	1. N	IAME OF DECEASED 2. DATE AND HOUR OF DEATH	, 4
Z-POUG		HANNAH ABIO 11 30 10 10 10 10 10 10 10 10 10 10 10 10 10	A 630 M.
0 0 0	3. 1	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased liver). If institution:	esidence before odmission)
Se (5) D	FU	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OF ADDRESS OR LOCATION)  C. CITY OR TOWN  D. INSIDE CITY L	3300
to a second	INS	STITUTION CONTROL VES VI	
ior to a	3	3 OUNS HOPKINS HOSPITA! E. STREET AND NUMBER	
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or condete	don	executive Retail Domens new York City	U.S.A.
irect (4) U (4) U the ispos	113.	Mendel Levy  14. Mother's Maiden Name Bessie Bessie	in pal.
r his assistant Niso, if the dir of any kind; ( ounced death ittendance on	15. (Y	Wos Deceosed Ever in U. S. Armed Forces? The or unknown) (Iff yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.  17. INFORMANT  2325  August  Calvamour	ADDRESS Pol
s ass any ced ndan		18. CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
or his of Also, if e of an counce attendan		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A) IMMEDIATE CAUSE  PNEUMONIA	3d
o u u		(This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease, injury or complication which caused death.)	
min min fra		ANTECEDENT CAUSES  (B) HODGKINS DISEASE	6 MONTHS
REC exa (3) A in v		DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	
= . = 9 0 0			
A phoen	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
ER dy dy he he		DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF	CONSIDERED
N chi	CERTIFIC	Yes	No
tal there is (2) before	CAL C	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bidg., INJURY OCCUR?	e exoct location)
ed b hosp atur ppt w (6)	MEDI	21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED OF INJURY (APPROX.)  White At Work At Work	
br xx xx		22. I certify that M (this haspital) attended the deceased from 12/29 1969 to 12/31	19.69.
app to the thought of an all (e. be old		that M (we) last saw the deceased alive an 12/31 19 69 and that in (my) (aur) apinian dea	
		and have and from the causes stated above. (M' (We) (did) (did nat) view the bady after death.	
nust be leased iident hospit o deat		F / 1/1/	31/69
F # 0 # F B		23C. PHYSICIAN'S NAME (Type)  Aftending Med. Stoff Director Direct	707
rificate y was r 1) An a 3.A. at d prior		Karl S. Kramer, M.D. The Johns Hopkins Hospital	L
certificat sody was s: (1) An D.O.A. at ased pric	244	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, REMOVAL (Specify)	
body ws: (1 s D.O.	0	Durice 1-2-70 Depolington Cemelery Brooklyn, n.y.	
This certif the body shows: (1) was D.O.A deceased	25A	AND 1970 Refer & 268. NAME OF REGISTRAD 250. FUNERAL DIRECTOR BOY TO KNOW	ADDRESS ROOL
	VS	150-RFV. 1/1/68	wood ruote



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ORTAN	assistant
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UNERAL DIRECTOR: IMPORTANT	approved by the chief medical examiner or his assistant if death occurred in a hospital and
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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

(Тур	pe or Print)					2. DATE AN	D HOUR OF DEATH		10:20P
2 8		Higgs, Claren		UNICED DEAD	14 LISUAL DES		e deceased lived. If i	natifution: re	
FUI HO INS	OSPITAL OR STITUTION BALTIMOR		AL OR INSTIT	UTION, GIVE STREET	MARYLAI C. CITY OR TO BALTIM	8. COUN'	TY	YES Y	2601
14			21224			MACON ST	21224		
5. S		6. RACE		X NEVER MARRIED	8. DATE OF BI		9. AGE (In years	If Under	1 Yr. If Unde
1V	MALE	WHITE	WIID OWED	DIVIORET D			lost birthdoy)	Months	Doys Hours
10A	USUAL OCCL	IPATION (Give kind of world	KIOB, KINO OF	BUSINESS OR INOUSTR	Y IT. BIRTHPLAC	E (State or foreig	gn country)	12. CITIZ	EN OF WHAT
	ne during most of v	varking life, even if retired)							
10	Burner		Ste	eeT		Virginia	7. 10.41		U.S.A.
13.	FATHER'S NAM				14. MOTHER'S	MAIDEN NAM	AE -	e pa	
F	ROLAND	Higgs			EMILY				
15. V	Wos Deceosed	Ever in U. S. Armed For	rces?	1 6. SOCIAL SECURITY NO.	17. INFORMAN				ADDRESS
	No	,, 5		JECOMIII NO.	BCH RE	CORDS 49	40 EASTERN	AVE.	BALTO. M
-	18.	2 0 1		CAUSE OF DEA	TH				APPROXIMATE I
	DISEAS	E OR CONDITION DI	RECTLY					В	ETWEEN ONSET
		LEADING TO DEATH		CANDAMEDIATE CA	AUSE Respin	ratory F	ailure		15 min
		at meen the mode al		DUE TO, OR A	S A CONSEQUENC	CE OF:			
		asthenia, etc. It means plication which caused							
		ANTECEDENT CAUSES		Chron	nic Obstra	uctive P	ulmonary Di	sease	20 ys
	A	ANTECEDENT CAUSES		(B) Chron	nic Obstra	uctive P	ulmonary Di	isease	20 ув
	DISEASES O	R CONDITIONS, if	any, giving	DUE TO, OR A	S A CONSEQUEN	ICE OF:		isease	
	DISEASES O	R CONDITIONS, if abave couse (A) CONDITION lost.	any, giving	DUE TO, OR A	S A CONSEQUEN	ICE OF:	ulmonary Di with Fever	isease	20 ys
Z	DISEASES Of tise to the UNDERLYING	R CONDITIONS, if abave couse (A) CONDITION tost.	any, giving stating the	(c) and Ac	s a consequencute Brone	chiti s	with Fever	isease	3 das
ATION	DISEASES Of the UNDERLYING	R CONDITIONS, if abave couse (A) CONDITION lost.	any, giving staling the	(c) and Ac	S A CONSEQUEN	chiti s	with Fever	isease	
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approved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	nbar
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced dearn was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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M-21	00 60 42	151		HEALTH DEPARTMEN	250 11	69	13151
BIRTH NO.	69 13:	191	CERTIFICA	TE OF DEAT	Н	0	
I. NAME OF DEC	EASED			2, DA1	E AND HOUR OF D	EATH	1- 100
(Type or Print)	DOROTHY	M	MEE!	KS .	December 3	1. 1969	12 (AM.
3. PLACE IN BAL	TIMORE, MARYLAND, WHER			4. USUAL RESIDENCE A. STATE B.			esidence before odmission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITAL C ADDRESS OR LOCATION	OR INSTITUT	NON, GIVE STREET	Maryland c. CITY OR TOWN	D	. INSIDE CITY L	
00	2413 Washingto	on Blv	d.	Baltimore E. STREET AND NUMB	BER	YES	NO []
00	Baltimore, Mar				ington Blvd		
S. SEX			NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In year lost birthdoy)	s If Under	Doys Hours Min.
	White W JPATION (Give kind of work 108, working life, even if refired)	KIND OF		8-12-1913 11. BIRTHPLACE (Stote of	r foreign country)	12. CITI	ZEN OF WHAT COUNTRY?
Housewif				Maryl	and		U.S.A.
13. FATHER'S NA				14. MOTHER'S MAIDEN			
J	ohn Betzold			Dorot	hy Feldha	1110	
	Ever in U. S. Armed Forces?		6. SOCIAL	17. INFORMANT	ily icidile	. 43	ADDRESS
No	(If yes, give wor or dotes of	service/	212-10-5407	Mr Thomas A	2/1	Wachi	noton Pland
18. 4 (2 =			CAUSE OF DEATI	Mr. Thomas A	Meeks, 24	13 wasiiI	APPROXIMATE INTERVAL
180	SE OR CONDITION DIRECT	TLY.					BETWEEN ONSET AND DEATH
	LEADING TO DEATH		(A)IMMEDIATE CAU	SE Castri	Henon	oly.	2/dn
hearl failure,	ol meon the mode of dyingslhenia, etc. It meons the application which caused dea	disease,	DUE TO, OR AS		<del>-</del>	8	
1 ' '	ANTECEDENT CAUSES			- · · · · · · · · · · · · · · · · · · ·	ON		1 20-
	OR CONDITIONS, if any,	nivina	(B)DUE TO, OR AS	A CONSEQUENCE OF:			
rise to the	a bove couse (A) stoles CONDITION lost.		(C)				<u> </u>
Z OTHER SIGNIE	II	BUTING					
TO THE DEAT	TICANT CONDITIONS CONTRI THE BUT NOT RELATED TO THE TE ONDITION GIVEN IN PART 1	RMINAL A).					
19A. DATE OF	OPERATION 198. CONDITION WAS PERFORM		HICH OPERATION	20A. AUTOPSY? (Yes	IN CERTIFYIN	WERE FINDINGS G CAUSES OF	CONSIDERED DEATH?
OR CONTRIBL	NT WAS UNDERLYING TITING CAUSE OF	21 B. F home etc.)	PLACE OF INJURY (e.g., i , form, foctory, street, of	or obout 21C. WHERE Difice bldg., INJURY OCCL	JR? (If In B	oltimore City, giv	re exact location)
21D. TIME OF INJURY	(Month) (Doy) (Yeor) (H	our) 21 E.	NJURY OCCURRED	21F. HOW DI	D INJURY OCCUR?		
(APPROX.)		While	Not While				
22 Langetify	that (1) (this hospital) at			an	19 6910	94	31 1969
	Jast saw the deceased a		12/2	) 19 ( 9 9		e) aninian daa	th occurred on the date
			Jw Mind w			i) opinian geo	in accurred on the date
23A. SIGNATU	from the causes stated	bove.	(we)(did) (did not) v	lew the body after de	ath.	23R DA	TE SIGNED ,
	Z OAY	$\leq 3$		nding Med.	Staff	/	2/2/2
23C. PHYSICIA			DEGREE Phy	Director 1	Phys.		pricy
NAME (T		Daha		54 Agn	- Miclia	& Cent	4
24A. BURIAL CRE	MATION, 248. DATE	Bahr 24C.NA	DEGREE ME of CEMETERY of CRI		4D. LOCATION	(City, town,	or county) (Stote)
REMOVAL (	1-1-1970		timore Nation		Baltimore,		
Burial 2SA. DATE REC'D			REGISTRAR	25C. FUNERAL DIRE		Harytall	ADDRESS
JAN 5	1970 Robert E.	Nabe	RAD DI			07 Wilke	ns Ave. 21229
VS 150-REV. 1/1/	68		1980 ·				

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the nospital by a medical examiner. Also, it the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A tracture of any kind; (4) Undetermined cause; (5) Deceased	was D.C.A. at a nospital except where the physician who pronounced death was in regular attendance on the	deceased prior to dearn); and (b) No physician was in regular attendance on the deceased prior to death. Such	Written approval must be obtained betore the remains are embalmed or final disposition is made.	
s certificate must be	Dody was released	Ws: (1) An accident	S D.C.A. at a nospir	eased prior to dear	rten approval must	
Ē.	176	SIIC	*	0	*	

-	11/1/			BALTIMORE CITY	HEALTH	DEPARTMENT		00	4.0
BI	RTH NO.	69 1	.3152	CERTIFICA	TE O	F DEATH	REG. NO	69	13152
1.	NAME OF DECEAS	SED				2. DATE AN	D HOUR OF DEATH		
		DUVAL,	MAYNARD	WILLIAM		DECEN	1BER 30, 1	1969	2:30AM M.
3.	PLACE IN BALTIM	ORE MARYLAND, V	HERE PRONOUN	ICED DEAD	N. SIAI	E B. COUN	re deceased lived. If i	nstitution: resid	dence before odmission)
F	JLL NAME OF OSPITAL OR	ADDRESS OR LOC	AL OR INSTITUT	ION, GIVE STREET	MAR	YLAND BA	146 66	212	228 5300
IN	STITUTION	ST. A GI	VES HOSF	PITAL	C. CITY,	OR TOWN	D this	IDE CITY LIMI	ITS?
	4/1	CATON 8	WILKEN	IS AVES.		T AND NUMBER	view ark	YES	NO 🗌
	10	BALTIMO	DRE, MAR	YLAND 2122	-		IEW RD.		
S.	SEX 6.1	RACE	7. MARRIED	NEVER MARRIED	8. DATE	OF BIRTH	9. AGE (In years	If Under 1	Yt. If Under 24 Hrs.
	MALE	WHITE	WIDOWED	DIVORCED	04	13 15	last birthdoyl	Months D	oys Hours Min.
10/	LUSUAL OCCUPA	TION (Give kind at wor	10B. KIND OF B	USINESS OR INDUSTRY	11. BIRTH	PLACE (State or forei	gn country)	12. CITIZEN	OF WHAT COUNTRY?
1100	SALESMAN	ing life, even il retired)	Lever B	ros.	MARY	LAND			Α.
13.	FATHER'S NAME					LAND HER'S MAIDEN NA!	ME	U.S.	Α,
	COMPTON	DUVAL			M	ARY (MC CA	MM )		
15.	Wos Deceased Eve	r in U. S. Armed For	ces?	6. SOCIAL	17. INFO			A	DDRESS 21220
`''	YES W	yes, give wor or dote W2		SECURITY NO.	ST	AGNES HOS	IMORE, MD	ON EWI	21227
$\vdash$	18.	0 1		215-10-7909 CAUSE OF DEATH		100	TIAL CAT		APPROXIMATE INTERVAL
	DISEASE C	R CONDITION DI	RECTLY			/	//		WEEN ONSET AND DEATH
	LEA	DING TO DEATH		(A)IMMEDIATE CAU	SE COL	diogenia	- (hock		
	heart failure, ast	meen the mode of lenia, etc. It means ation which caused	the disease.	DUE TO, OR AS		UENCE/OF:			
		ECEDENT CAUSES	0001113	01	1	1:17	Can fine	, _	
		CONDITIONS, if	any, giving	(B) DUE TO, OR AS	A CONSE	DUENCE OF:	Fare TION		
	tise to the a	bove cause (A)	sfoling the	(c)	_				
		11		(0/		***************************************			
NO	OTHER SIGNIFICAL	NT CONDITIONS CO	NTRIBUTING						
AT	IDISEASE OR COND	IT NOT RELATED TO THE	T T (A)	***************************************	*********				
CERTIFICATION	19A-DATE OF OP	ERATION 19B. CON WAS PERI	DITION FOR WH	ICH OPERATION		UTOPSY? (Yes or No.	208, IF YES, WERE	FINDINGS CO	NSIDERED
CER	21 A. ACCIDENT Y	VAS UNDERLYING	218. PL	ACE OF INITIRY (e.g., in		O WHERE DID	Mile Delate	Charles	
4	DEATH (notify med	G CAUSE OF	home,	ACE OF INJURY (e.g., in form, foctory, street, of	ice bldg.	NIURY OCCUR	fit in pattimat	e City, give ex	xoct lacation;
MEDICAL	21 D. TIME (M	onth) (Day) (Year)	(Hour 21E IN	JURY OCCURRED		IIF. HOW DID INJU	Inv Occilm		
W	OF INJURY (APPROX.)		While	At C Not While		NOW DID INS	JRT OCCUR!		
	22. I cartify that	M (this boented	Work	At Work	CEMBI	-D 00	. (0 0 0	51/555	
	that ()( (we) last	saw the decen	alive on D	deceased from D.E. ECEMBER 30	10 	60	A PA TO THE	FWRFK.	30 19.69
	and haur and fro	m the course keep	ed above. 06 (	Me) (qiq) (XiX Mei) vi		- O-Sund The	it in Muh) (ont) abi	nian death a	iccurred an the date
	23A. SIGN AT URE	11.11.1		ney (ala) (bib/mol) Vi	aw the b	ady after death.		23B, DATE S	IGNED
		MUAST		Affer	ding	Med.	Shaff Da		0 69
	23C. PHYSICIAN'S NAME (Type)	100		DEGREE Phys.	3D. ADDR		Phys	1 12 3	0 03
	NAME (Type)	S	QUIROZ		CAT		ENS AVES	BALTO	.,MD.21229
24A	BURIAL CREMAT	ION, 24B, DATE		DEGREE OF CEMETERY OF CREA				ly, lawn, or co	
	REMOVAL (Special Burial	1-2-197		wridge Cemet			hington Blv		·
25A	DATE REC'D BY	HEALTH DEPT.	ASB. WAMI OF			JNERAL DIRECTOR	urugeon biv		ADDRESS
	JAN 5 19	70 Robert	- Vausey	0 0 0			bard, 4107		Ave. 21229
1/5	160 PEV 1/1//								

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e approved by the chief medical examiner or his assistant if death occurred in a hospital and I to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased all (except where the physician who pronounced death was in regular attendance on the th); and (6) No physician was in regular attendance on the deceased prior to death. Such be obtained before the remains are embalmed or final disposition is made.	
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D.O.D.O.	
e b ow ow ds	
565 363	1

BI	U-623 69 1315	5.2	TE OF DEATH	69 13153
1.	WRTGHT, LILLIAN ELLEZA	DETU- TITLE	2. DATE AND HOUR	
3.	PLACE IN BALTIMORE MARYLAND, WHERE PR		DECEMBER	30, 1969 5:30 Am
Z H Z	OSPITAL OR ADDRESS OR LOCATION)	MENDED	MARYLAND Parto C. CITY OR TOWN BALTIMORE	D. INSIDE CITY LIMITS?
	ST AGNES HOSPITAL		E. STREET AND NUMBER	YES NO
1/	0		5300 EDMONDSON A	VENUE
5.	SEX 6. RACE 7. MARI	RIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE III	yeors If Under 1 Yr. , Il Under 24 Hrs.
		WED XX DIVORCED	02 05 90   lost birthdo	
10/	USUAL OCCUPATION (Give kind of work 10B, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE IStole or loreign country	12. CITIZEN OF WHAT COUNTRY?
			MARYLAND	USA
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	MONROE, RICE	DEC 'D	CLARA (WOOD)	DECID
15.	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) Ilf yes, give war or doles of serv	1 6. SOCIAL	17. INFORMANT RECORD	S BALTIMORE MD 21229
		Jeannii Ma'		L WILKENS & CATON AVE
	18. 4440.9	CAUSE OF DEATH		APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY		2	BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A)IMMEDIATE CAU	SE Broweles prieu	my
	(This does not mean the mode of dying, heart lailure, asthenia, etc. It means the dise	e.c.	CONSEQUENCE OF:	***************************************
	injury as camplication which caused death.)	0 0	5	-/
	ANTECEDENT CAUSES	(B) Caro	o respondent to	acher,
	DISEASES OR CONDITIONS, if any, gi	the DUE TO, OR AS	A CONSEQUENCE OF:	u dre l
	UNDERLYING CONDITION lost.	(c) / / / CC	coseceras, p	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	NG IAL	***************************************	
ERTIFIC	19A-DATE OF OPERATION 19B. CONDITION F WAS PERFORMED		140	TES, WERE FINDINGS CONSIDERED
CALC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	218. PLACE OF INJURY le.g., in home, form, foctory, street, off elc.)	or obout 21 C. WHERE DID (II	in Boltimore City, give exact facotion)
1 104	21D-TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E INJURY OCCURRED	21F. HOW DID INJURY OCCU	JR?
2	IAPPROX)	While AI NoI While At Work		
	22. I certify that XIX (this hospital) attend	ed the deceased from DF	CEMBER 29 19 60 4	DECEMBED 20 10 (0
	that XIX(we) last saw the deceased alive	DECEMBER 30	19 69 and that in 06%	(aur) apinian death accurred an the date
	and haur and from the causes stated above	o. () (We) (dld) (did/net) vi	ew the bady after death.	
	23A. SIGNATURE			23 B. DATE SIGNED
	Carlo M. Ohe	DEGREE Phys.	ding Med. Staff Phys.	12-30-69
	23C.PHYSICIAN'S NAME (Type)	2	BD. ADDRESS	BALTIMORE MD 21229
	CARLOS ORBEGOS	O M.D. DEGREE	ST AGNES HOSPITAL	
244	REMOVAL ISpecily) 24B. DATE 246	C. NAME of CEMETERY OF CREA		ICity, town, or county) (Stote)
25.4	Burial Jan.2,1970	-Montgomery Me	th. Cl	agettsville, Md.
23/	DATE REC'D BY HEALTH DEPT C 258 MAN	AE OF TEGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
1	150-REV. 1/1/68		1 0 Thin A. Moleswo	orth, Damascus, Md.

Letter from St. Agnes Hospital 2-6-70 M.H.

Captured Ann evention and a Character

FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
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	LTIMORE CITY I	HEALTH DEPARTMEN	Т	00 40454
BRITH NO. 63 69 13154 CE	RTIFICAT	TE OF DEATI	REG. NO	69 13154
1. NAME OF DECEASED	1	2. DAT	E AND HOUR OF DEATH	1 150
STOGUARDIO PAS P	lay	12	126/1769	institution: residence before admission
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DE		A. STATE B. C	OUNTY	institution: residence before admission)
FULL NAME OF   (IF NOT IN HOSPITAL OR INSTITUTION, GIVEN THE NAME OF ADDRESS OR LOCATION)	- 11	C. CITY OR TOWN	NO	SIDE CITY LIMITS?
THE STITUTION		BALTIM	4 6	YES NO T
PHURCH HOME & HOSDIS	M.	E. STREET AND NUMBE	PR 20/ 0	2. 26 0-
5. SEX   6. RACE   7. MARDIED TYNEYED	770	DATE OF BIRTH	9. AGE (In years	TLLAS CT.
MARKIED	MARRIED 8	3/5/97	lost birthdoy)	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS done during most of warking lile, even if retired)		1. BIRTHPLACE (State or	foreign country	12. CITIZEN OF WHAT COUNTRY
Worreinge		MARNLA	two	
13. FATHER'S NAME	1	4. MOTHER'S MAIDEN	NAME	
Bus Williams BUONS		BOSCE S	H IREY	
15. Was Deceased Ever in U. S. Armed Farces?   16. SOCIA (Yes, no or unknown) (If yes, give war or dotes of service)   SECU	AL II	7. INFORMANT		ADDRESS
	4114			
413,7	USE OF DEATH			APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		C	1.00	
(This does not meon the mode of dying, e.g., (A)	DUE TO, OR AS A	CONSEQUENCE OF:	- HAKBST	
heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.)	ula.	1. 2. 0	= 1 = /	2
ANTECEDENT CAUSES	Pigran	Landede D	e Conjetuine f	the !
DISEASES OR CONDITIONS, if any, giving nise to the above cause (A) stolling the	DUE TO, OR AS A	CONSEQUENCE PE	12	
UNDERLYING CONDITION lost (C).				***************************************
Z				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994 DATE OF OPERATION 1988. CONDITION FOR WHICH OP WAS PERFORMED				
DISEASE OR CONDITION GIVEN IN PART 1 (A). 194 DATE OF OPERATION 198 CONDITION FOR WHICH OP	ERATION	20A. AUTOPSY? (Yes o	No) 208 IF YES, WERE	FINDINGS CONSIDERED
WAS PERFORMED			IN CERTIFYING C	AUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF	INJURY (e.g., in octory, street, offic	or about 21 C. WHERE DI	D (If in Boltime	are City, give exact location)
DEATH (notify medical examiner)				
OF INJURY  (Mon#i) (Day) (Year) (Hour) 21E INJURY C	Not While I	1	INJURT OCCUR?	
Work L	At Work			
22. I certify that (I) (this hospital) attended the deceas	ed from 12/12	160		126/1219 19
that (I) (we) last sow the deceased alive on				Inion seath occurred on the date
ond hour and from the couses stated above. (1) (We) (di	d) (dld not) vle	w the bady after deo	th.	23B, DATE SIGNED
D'As Non	Altend Phys.	ling Med.	Stoff [7	13/26/68
23C.PHYSICIAN'S NAME (Type)		D. ADDRESS	☐ Phys. ☐	1 /0//6
NAME (Type) Puls 241	MO			
24A. BURIAL CREMATION, 24B. DATE 24C.NAME of CE REMOVAL (Specify)	METERY OF CREM	ATORY 241	LOCATION (C	City, town, ar county) (State)
	HAVEN	MEMI	SIEN BU	PALIE MD.

25A, DATE REC'D N' HEALTH DENT.
VS 150-REV. 1/1/68 25 NAME OF BENSTRAR 25C. FUNERAL DIRECTOR BALTU. THICKNERS

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STREET, SHEET

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### IMPORTANT FUNERAL DIRECTOR:

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular ottendance on the deceased prior to death); and (6) No physician was in regular of the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT X	13155
69 13155 CERTIFICATE OF DEATH REG. NO. 65	, 1010
1. NAME OF DECEASED	
ROXCE CHARM CULLEN 12-31-69 @ 4 Tom 1	M <sub>e</sub>
A. STATE B. COUNTY	esidence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Maryland Wicomoico	72/2
C. CITY OR TOWN D. INSIDE CITY LI	
The John Hopkins Hospital Salisbury YES -	NO
303 Washington Street	
5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yours   If Under	1 Yt. If Under 24 Hrs.
\\	Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. SIRTHPLACE (Stote or (areign country) 12. CITIZ dane during most of working life, even if refired)	EN OF WHAT COUNTRY?
TEACHER ST. BOARD EDUCATION MARYLAND	USA.
13. FATHER'S NAME	-111. // /
Glen Culver Edna L. Whayland	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, ne er unknown) (If yes, give wor er dates of service)  16. SOCIAL SECURITY NO.	ADDRESS
NO 220-28-0708 GLEN CULVER SEE	# 4
CAUSE OF DEATH—	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	SETWEEN ONSET AND DEATH
(This does not meen the made of dying, e.g., (A) MMEDIATE CAUSE.	241
heart lailure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	
ANTECEDENT CAUSES 2 - ATTA 1004 ATT - 000 0 000	24 11
DISEASES OR CONDITIONS, il any, giving  (B):  DUE TO, OR AS A CONSEQUENCE OF:	2 1 000
rise to the above cause (A) stating the UNDERLYING CONDITION last.	6-12mm
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL MOUNTAIN BUT MONTAIN	********
194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 1204. AUTOPSY? (Yos of No) 208. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF D	CONSIDERED
I In Beltimere City, give	exact location)
OR CONTRIBUTING CAUSE OF INJURY (a.g., in er about 21 Co-Where DID home, form, fectery, street, office bidg., INJURY OCCUR?	and localiting
21D. TIME (Menth) (Doy) (Yoor) (Heur) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
While At Net While At Werk	
22. 1 certify that (4) (this hospital) attended the deceased from 1969 to 200.30	10 / 9
that (1) (we) last saw the deceased olive on 12/31/690 179 69 and that In (max) (our) apinion death	19 6 7
and haur and from the causes stated above. (1) (We) (did) (did and) view the body ofter death.	occorred on the date
23A. SIGNATURE 23B. DATE	SIGNED
Carola Dory al M. Director Phys. Director Phys. 2	121/19
23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS	31/6/
I Carole Dorseh M.D. DEGREE Johns HODKINS HOSD	ita
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (Gity, town, or	county) (State)
BURIAL 1/3/1970 WICOMICO MEM. PARK SALISBURY WIC	o. MD
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME F REC'TTAR 25C. FUNERAL DIRECTOR	ADDRESS
VS 150-REV. 1/1/68	DALISBURY

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# FUNERAL DIRECTOR: IMPORTANT

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	W-425 69 1315	6	TE OF DEATH	REG. NO.	69 13156
-   -	NAME OF DECEASED Type or Print)	GENTIN 167	2. DATE AND	HOUR OF DEATH	
-	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	Harry C.	4. USUAL RESIDENCE (Where	2/. 1967	12:15 P M. itulian: residence before admission)
	FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION) NSTITUTION		A. STATE 8. COUNT	B ELZ D. INSIDI	
	3 Schuck Home &	Hogrital	E. STREET AND NUMBER	casle	YES NO
	SEX 6. RACE 7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH 9		
	M WIDON	VED DIVORCED V	12-11-11	ist birthday)	II Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
	OA, USUAL OCCUPATION (Give kind of work 10B, KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stole or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
- 11	3. FATHER'S NAME	enpertery	Florida		4.5. A
	4		14. MOTHER'S MAIDEN NAM		
1	Jack wilkon	-	Zlize Bell	h Rich	RITS
l	5. Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give war or doles of service)		17. INFORMAND		ADDRESS
	yez I won	223-20-546	& Frien	1	Same
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A) IMMEDIATE CAU	se Zsophageal	Elecdi	p 2 days
	(This does not meon the made of dying, a heart latiture, asthenia, etc. It means the diserinjury or complication which caused deoth.)	17/100000000000000000000000000000000000	A CONSEQUENCE OF	V	
	ANTECEDENT CAUSES	(B) 750p	hazeal vario	ea	
	DISEASES OR CONDITIONS, if any, giv	ing DUE TO, OR'AS	A CONSEQUENCE OF:		######################################
	UNDERLYING CONDITION last	(c) 6 V	er ciss hos	15	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMING DISEASE OR CONDITION GIVEN IN PART 1 (A).	IG AL	***************************************		
111.5	194 DATE OF OPERATION LINE CONDITION FO	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208 IF YES, WERE FIN	IDINGS CONSIDERED
	12-21-69 WAS PERFORMED 21A ACCIDENT WAS UNDERLYING	218 PLACE OF INJURY (0. S. )	or shout/21C WHERE DID		
	DEATH (natify medical examined)	home, form, factory, street, of elc.)	ice bldg. INJURY OCCUR?	ht in sommore	City, give exact location)
1114	21D-TIME (Manthi (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E INJURY OCCURRED  While At Not While Wark  Not Wark	21F. HOW DID INJUI	RY OCCUR?	
	22. I certify that (1) (this haspital) attende	d the deceased from	12-19 19	69 10 12	1-21 1969
	that (1) (we) last saw the deceased alive o	12 - 21	19		an death occurred an the date
	and haur ond from the causes stated above	. (1) (We) (did) (did not) v	ew the body after deoth.		
	7. 41. L		nding Med. S	off it	BR. DATE SIGNED
	23C. PHYSICIAN'S NAME (Type) TSUNG HEY		Director Programmer BOAR	D OF MAR	X LAND
2	REMOVAL (Specily) 24B OATE 1240	NAME of CEMETERY OF CRE	NIVERSITY" ME	DICAL SC	ROOL (State)
2	SA. DATE REC'D BY HEALTH DEPT. 258. NAM	LE OF REGISTRAR	25C. FUNERAL DIRECTOR	SERVICE	RCHD ADDRESS
V	5 150-REV. 1/1/68	5 7 U C	- 45		

11 11 11 11 11 we have the form with the A NOTE OF STREET STREET STREET a house of place many July John L. 16201 - 17 in the face of the contract The second of the second of They we was a first on first

# FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	1	B-650 69 13	157	HEALTH DEPARTMENT	Y REG NO	60 404
		H NO. 69-2386-7	CERTIFICA	TE OF DEATH	X REG. NO	03 13157
		e or Printil Baker Pare	Brown		26-69	745
	3. PL	LACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If insti	lution: residence before admission
	FUL! HOS	L NAME OF (IF NOT IN HOSPITAL OF ADDRESS OR LOCATION	INSTITUTION, GIVE STREET	c, City or town	nd ID INSIDE	5300
	1	Maryland Gener	nl llospital	Ballorok	1 710 10 11/4	ES NO
	4	8	a prosperius	E. STREET AND NUMBER	de 14 NOR	TH REINT Rd
	5. SE	6. RACE 7. M	ARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr., If Under 24 Hrs. Months; Doys Hours; Min.
	10A, L	USUAL OCCUPATION (Give kind of work 108, 1	OWED DIVORCED DIVORCED DIVORCED	11. BIRTHPLACE (Stolg or fore	Ricaborn	630
	done	during most of working life, even if retired)		Rethnic	gn country)	12. CITIZEN OF WHAT COUNTRY
	13. FA	ATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE /	asp.
	16 W/	Richard E	Seaun	Kath lee	n Schu	ter Same
	(Yes, n	os Deceased Ever in U.S. Armed Forces? no or unknown) (If yes, giva war or dotes of s	ervicel 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	11	8. 7 7 7 V I	CAUSE OF DEATH			APPROXIMATE INTERVAL
		DISEASE OR CONDITION DIRECTL	Y	Unboun		BETWEEN ONSET AND DEATH
	C	(This does not maon the mode of dying haart failure, asthenia, etc. It means the d	e.g., DUE TO, OR AS	CONSEQUENCE OF:		
	i	injury or complication which caused dooth  ANTECEDENT CAUSES	P	+ 00	11 0	
		DISEASES OR CONDITIONS, if any,	giving (8) DUE 10, OR AS	A CONSEQUENCE OF: 1	43LB 60	7
	ri U	ise to the above cause (A) stotin UNDERLYING CONDITION last.	g the (C)	\	J	
	Z	THER SIGNIFICANT CONDITIONS CONTRIBU	ITING			
	ATI	O THE DEATH BUT NOT RELATED TO THE TERP DISEASE OR CONDITION GIVEN IN PART I (A)	AINAL		***************************************	
	ERTIFIC	9A-DATE OF OPERATION 19B CONDITION WAS PERFORME	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.)	208. IP YES, WERE FIN IN CERTIFYING CAUSE	DINGS CONSIDERED
	CALC	IA. ACCIDENT WAS UNDERLYING DE CONTRIBUTING CAUSE OF DEATH (nofify medicol exominat)	21 B. PLACE OF INJURY (e.g., in hama, form, foctory, street, off etc.)	or obout 21 C. WHERE DID	(If In Boltimore C	ity, give axod locotion)
	3 0	TD. TIME (Month) (Doy) (Year) (Hou		21F. HOW DID INJU	JRY OCCUR?	
	(A	APPROX.)  2. I certify that (I) (this hospital) atter	Work Not While			
	19					
	or	hat (I) (we) lost sow the deceased oily nd hour and fram the causes stated ab	ave. (1) (We) (did) (did nat) vi	ew the hady after death.	t in (my) (our) apinia	n death accurred an the date
	23	3A. SIGNATURE	0		23	B. DATE SIGNED
	23	3C.PHYSICIAN'S	DE MD DEGREE Phys.	ding Med. Director BD. ADDRESS	hys.	
.		NAME (Type)	A	ATOMY BOAR	D OF MARY	YLAND
	24A. 8	BURIAL CREMATION, 24B. DATE REMOVAL (Specify)  1-5-70	24C. NAME of CEMETERY OF CREA	HNS HOPKINS	CAMEDICAL'	SCROOL (Stote)
j	25A. E	DATE REC'D' BY HEALTH DEPT. 258 N	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	SERVICE -	RCHD <sup>RESS</sup>
1	/S 150	0-REV- 1/1/6B	A LINE	MUNIUMIN	SLRVICL -	D.Ave.

Baky Boy Brown

Mary land I llsoth

Mursery

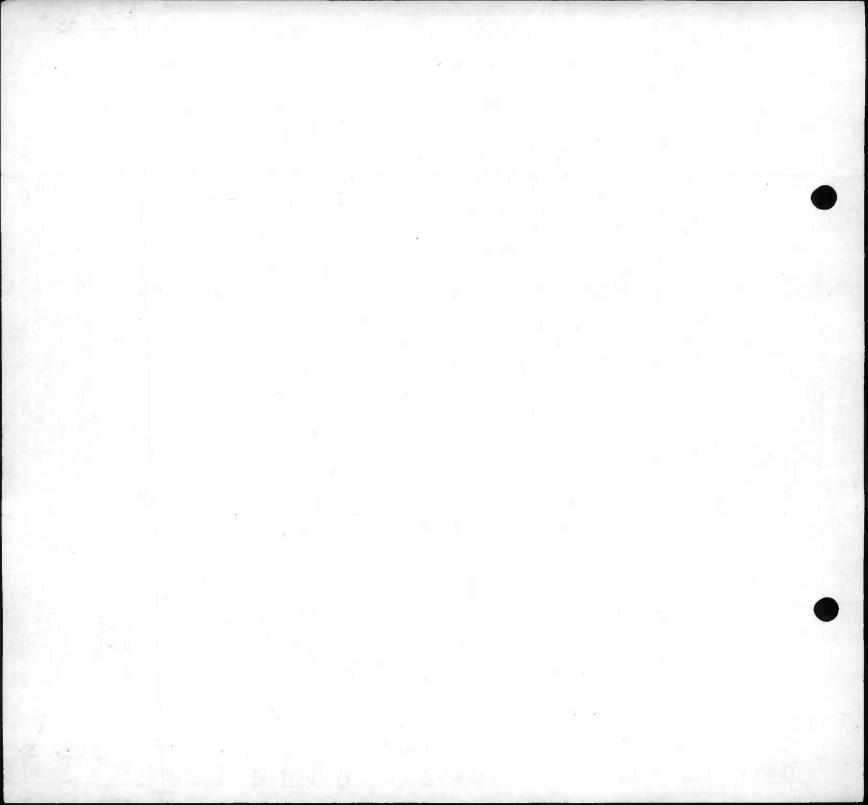
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# FUNERAL DIRECTOR: IMPORTANT

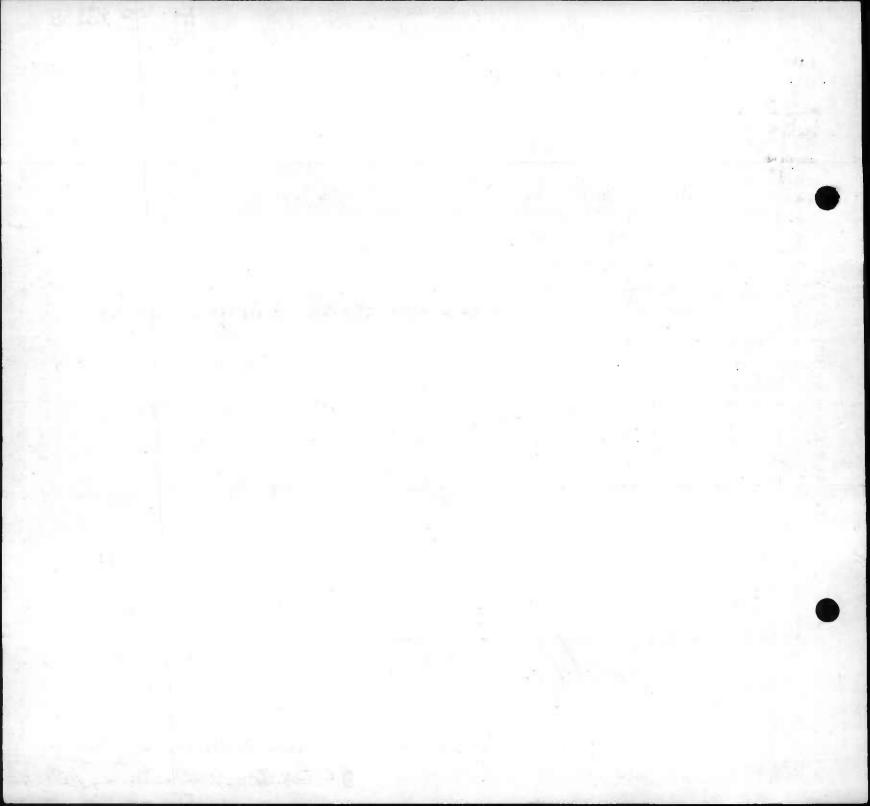
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and written approval must be obtained before the remains are embalmed or final disposition is made.

>>	BALTIMORE CITY	HEALTH DEPARTMENT	60 40100 4
BIRTH NO. 69. 2439.59 131.	58 CERTIFICA	TE OF DEATH	
(Type or Print)	DAVIG	2. DATE AND HOUR OF	
BABY GIR			27-69 4.20 R.
3. PLACE IN BALLIMORE, MARILAND, WHERE PRO	NOUNCED DEAD	A. STATE B. COUNTY	ved. If institution: residence before domination
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION)  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION)	STITUTION, GIVE STREET	MARYLAND BAL	TIMORE CITY 5 0 /
THE JOHNS HOPKINS HOSP	ITAL	BALTIMORE	YES X NO
33	1 1 7 3 ton	125 COLVIN STREET	
5. SEX 6. RACE 7. MARRI	ED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In ye	ors If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
FEMALE NEGRO WIDOW	ED DIVORCED	12-27-69	5 20
IOA. USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working lile, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
		CHEDLEY DAYES	
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	SHIRLEY DAVIS	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service	SECURITY NO.		
18.010,21	CAUSE OF DEAT	H	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY			
LEADING TO DEATH	(A) IMMEDIATE CAL	SECARDIONESPIRATOR	Y BEREST ZOMIN
(This does not mean the made of dying, e heart foilure, osthenia, etc. It means the disea		A CONSEQUENCE OF:	
injury ar complication which caused death.)		e	
ANTECEDENT CAUSES	(B) 11/1/2	ACRANIAL BLEE	D LIFETIME
DISEASES OR CONDITIONS, if any, giv			
rise to the above cause (A) stoting UNDERLYING CONDITION last.	(c) CONG	EMITAL SYPHILLI	15
11			
Z	IG ANSY	MATURITY	//
O THER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	AL /-/22/		
198. DATE OF OPERATION 198. CONDITION FO WAS PERFORMED	OR WHICH OPERATION	IN CEPTIEVI	WERE FINDINGS CONSIDERED NG CAUSES OF DEATH?
ER Z		YES	
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID (If In fice bidg., INJURY OCCUR?	Boltimore City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.)	While At Not While Work At Work		
22. I certify that (1) (this haspital) attende			0100 27 1069
that (W (we) last saw the deceased alive of	11200		19
	/		ur) apinian death accurred an the date
and haur and fram the causes stated above	. (1) (We) (did) (did nat) v	lew the bady after death.	
23A. SIGNATURE	A.u		23 B. DATE SIGNED
17 1 Kneene	MIN DEGREE Phys	nding Med. Staff	12/27/67
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	
G.R. GREENE	DEGREE	THE JOHNS HOPKIN	S HOSPITAL
	NAME of CEMETERY OF CRE		(City, town, or county) (State)
	Johns Honkins	Hospital 601 N. Br	roadway Balto. Md.
	E OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
JANO BIN VEBER E, HELE	750 A	HOSPITAL DIS	POSAT.
VS 150-REV- 1/1/6B		U TO	



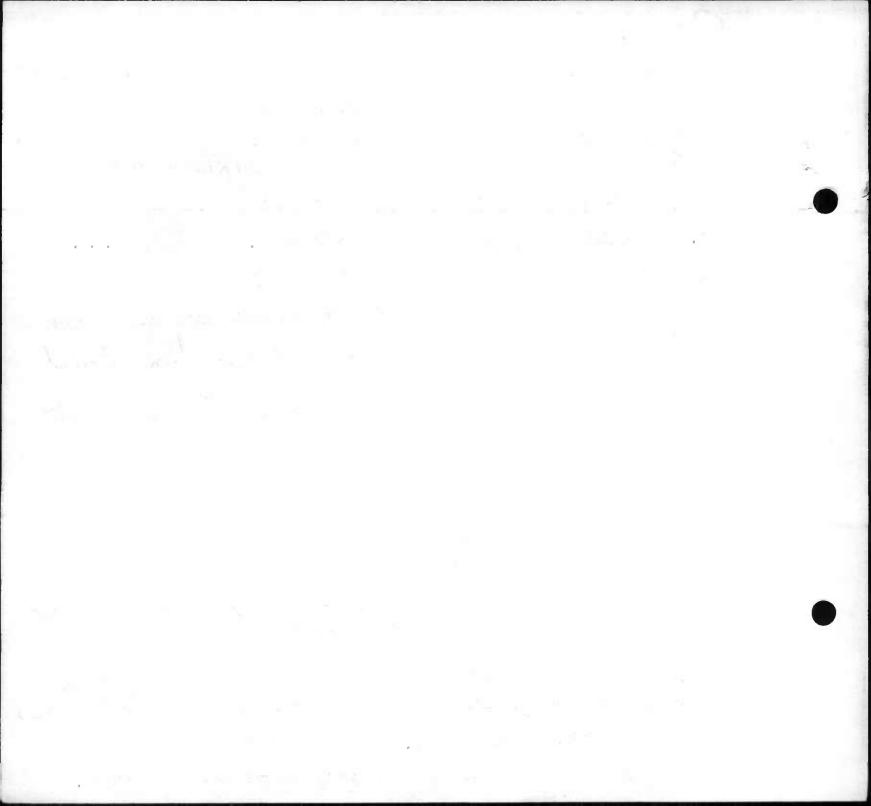
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		Y HEALTH DEPARTMENT 69 13159
	U-410 69 13159 CERTIFICA	ATE OF DEATH REG. NO. 09 13139
1. N	TH NO.	2. DATE AND HOUR OF DEATH
Тур	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	12/3/69 2ºAM
3. I	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admis
FUI	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Md. Frederick 6000
15	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET DISPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
1	3 July Hupkins	Woolsbord YES NOT
2	3 3940	E. STREET AND NUMBER  21798
-	EX 6. RACE 7. MARRIED NEVER MARRIED	
,	WIDOWED DIVORCED	lost birthdoy) Months Doys Hours Mi
0A.	USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	
one	e during most of working life, even if retired)	Md USA
3. 1	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Andrew J. Wolfe	Blanche M. Baker
S. V	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS 217
Yes	e no or unknown) (If were give were or dates of service)   SECURITY NO	
_	118 CAUSE OF DEA	Mrs Keller A. Wolfe, Woodsboro RI Md.
	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND D
	LEADING TO DEATH	WE PULMAMAN Engladus
	(A) MMEDIALE CA  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	AUSE PULMOMANY EMBOLUS
	injury or complication which caused death.)	
	ANTECEDENT CAUSES	
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR A	S A CONSEQUENCE OF:
	rise to the obove couse (A) stating the UNDERLYING CONDITION last. (C)	
	11	
ION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	4 ic Mochaliosis, CATATOCOCCAL MENTING
CA	DISEASE OR CONDITION GIVEN IN PART 1 (A).  1994. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
ERTIFIC	WAS PERFORMED	YES IN CERTIFYING CAUSES OF DEATH? NO
CE	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., home, form, foctory, street,	, in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?
AL	DEATH (notify medical examiner)	once sings, intotal occor.
EDIC	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
2	OF INJURY (APPROX.) While At Not White At Not Whate Work	nile
	22. I certify that (+) (this haspital) attended the deceased from that (+) (we) lost saw the deceased alive pn / 2/3	19 24 and that In (my) (aur) opinion death occurred on the
	and hour and fram the couses stated pove. (+) (We) (did) (did not)	
	23A. SIGNATURE	23B. DATE SIGNED
	V. /IM FI / I/FI )	thending Med. Director Phys. 12/3///
	23 C. PHYSICIAN'S	23D. ADDRESS
	John A. Stobo, M.D.	The Johns Hopkins Hospital
24A	DEGRE A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of C	EE
6	REMOVAL (Specify)	194.1 mg Hz 10. 7. 10
25A	DATE REC'D BY HEALTH DEPT. 258. NAME OF DEGISTRAR	2SC. FUNERAL DIRECTOR ADDRESS
1	ANG 1910 Vallent En Tangen Com. C.	1 & Ch Breston, Walkonsollo Tulo
-	150-REV. 1/1/68	The same of the sa



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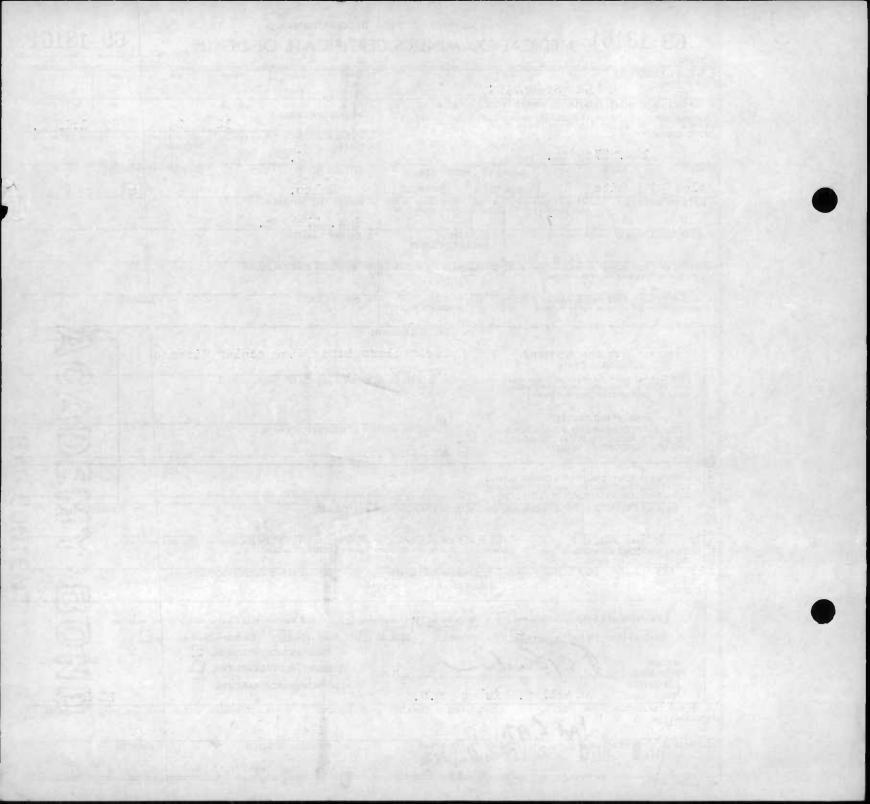
	2000 69	12100	DRE CITY HEALTH DEPARTMENT	X REG. NO.	69 13160
	TH NO.	TOTO CERTI	IFICATE OF DEATH		
	e or Printl	Elmanaa		AND HOUR OF DEATH	1010 12:15
3.	PLACE IN BALTIMORE, MARYLAND, W	HOPENCE PRONOUNCED DEAD	4. USUAL RESIDENCE (W. A. STATE B. CO	ember 31,	citivion: residence before admission)
H	TITUTION	TAL OR INSTITUTION, GIVE STRATION)	IIC. CITY OR TOWN	Balto.co.	5300 DE CITY LIMITS?
9	House in The	Pines - Belt	Pire Baltimor	re	YES NO
4	() 3		2020	Oakland	Avei
5.	emale White	7. MARRIED NEVER MARK	= 1 1 100	9. AGE (In years lost birthdoy)	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
10A	USUAL OCCUPATION (Give kind of world during most of working life, even if retired)	108, KIND OF BUSINESS OR IN	NDUSTRY 11. BIRTHPLACE (Stote or f	preign country)	12. CITIZEN OF WHAT COUNTRY?
	t. Receptionist	Doctors Office	Baltimore	Md	U.S.A.
	FATHER'S NAME	DOC OOLS OTLICE	14. MOTHER'S MAIDEN N		U.D.M.
	John Roberts		Lillie D	ella	
15. (Ye	Was Deceased Ever in U. S. Armed For ,no or unknown) (If yes, give wor or dote	ces? 16. SOCIAL SECURITY N	17. INFORMANT	STIS	ADDRESS
	,	213-32-9	2.1	Tonnet - TR +1	
	18.410,941250		F DEATH	larris.White M	APPROXIMATE THITERY AL
	DISEASE OR CONDITION DI	RECTLY	21 1	. 1 1 ti	BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not meen the made of	dving (A) IMMED	DIATE CAUSE My a Carole	Sinkare 1.	n Juneal.
	heart lailure, astheria, etc. It means injury or complication which coused	the diseose,	O, OR AS A CONSTQUENCE OF:	, /	
	ANTECEDENT CAUSES		21:0	1	11 154
	DISEASES OR CONDITIONS, II	(B)	O, OR AS A CONSEQUENCE OF:	2 gener	1 1 1 1 1 1 1 1
	rise to the obove cause (A) UNDERLYING CONDITION lost.	slaling lhe			`
	11	(c)		A /\	
ATION	OTHER SIGNIFICANT CONDITIONS CO. TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION GIVEN IN PAR	HE TERMINAL	Vialety m	ellite	
CERTIFICATION	19A-DATE OF OPERATION 19B CON WAS PERI	DITION FOR WHICH OPERATIO	DN 20A. AUTOPSY? (Yes or	No) 208, IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
1 1	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21& PLACE OF INJU home, form, foctory, etc.)	IRY (e.g., in or obout 21 C. WHERE DID street, affice bldg.,	(If In Boltimore	City, give exact location)
MEDICAL	21 D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)	(Hour 21E INJURY OCCUR	Not While	JURY OCCUR?	
		Work L.	At Work		
	22. I certify that (I) (this hospital that (I) (we) lost sow the decease			195to	on death occurred on the date
	ond hour and from the couses stat			ine intiny, tour, opini	an death occuted on the dots
	23A. SIGNATURE	1	- 1.51, VIST THE DUGY OTHER GEGT		23B. DATE SIGNED
0	Jan Sema	2200	Attending Med. Director	Staff Phys.	12/31/10
	23C. PHYSICIAM'S NAME (Type)	ENOFF	23D. ADDRESS	SR Bar	70 10
24A		24C. NAME of CEMETER	DEGREE 124D	LOCATION (City,	101111220
	REMOVAL (Specify) 1/3/70			altimore	, tawn, or county) (Stole)
25A	DATE REC'D BY HEALTH DEPT.  AN 6 1970 Colour E.	258 NAME OF REGISTRAR	25C. FUNERAL DIRECTO	) R	Md ADDRESS
VS	50-REV. 1/1/68		The second second	ral Home 7401	Belair Rd.



5-143
69 13161 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

6	9	1	3	1	6	4
	-		-	ments.	~	-

BII	RTH NO.										REG. NO			_
	NAME OF DEC	EASED					ATE	Known		Month	Day	Year	Hour	=
Lix	oe or Print)	CHARI	LES SPA	ULDII	NG		OF EATH	Estima	ted 🔲					M.
4.	PLACE IN BAL	IMORE, MA	RYLAND, W	HERE PR	ONOUNCED DEAD	3. D				Month	Doy	Year	Haur	171.
	L NAME OF	(IF NO	T IN HOSPITA	L OR INST	TITUTION, GIVE STREET	P	RONOL	INCED D	EAD	12	28	69	1:15 P	
	NOITUTITZMI	ADDRE	.33 OR LOCA	iiON)		5. U	SUAL RE	SIDENCE	(Where	DO	ved. If Institution:			n)
1	20 1	W. 27t	-h St				TATE				B. COUNTY	11	11	-
6.	SEX	7. RACE	oll DC.	18			ITY OR	Md.			D. INSIDE CIT	V HAITS2	00	
					IED NEVER MARRIED								_	
	ale	White	110 100 1	WIDOW				ilto.			YE	sk	ио Ц	
9. 1	DATE OF BIRTH		10. AGE (In		Months; Days; Hours; A		TREET A	ND NUA	ABER					
			76				1 W.	27th	St.					
11.	BIRTHPLACE (S	late or foreig	n country)		12. CITIZEN OF WHAT COUNTRY?	13. F	ATHER'	SNAME						
					WHAT COUNTRY!									
144	.USUAL OCCUI	ATION (Give	kind of work	14B. KIND	OF BUSINESS OR INDU	TRY 15.	MOTHER	S MAID	EN NAM	ΛE				
1	doring mostor w	orking life, ev	an arenrau)											
16.	WAS DECEASE	D EVER IN	U.S. ARMED	FORCES	? 17. SOCIAL	18. 1	NFORM	ANT			AD	DRESS		
(Ye	, no or unknawn)	(If yes, give w	var ar dates	of service)		10								
-	19.				21201651 CAUSE OF E							I AP	PROXIMATE INTER	VAL
	410	. hf. 1											EEN ONSET AND	
		OR COND		CTLY	Arterioso	lerot	cic c	cardio	ovasc	ular	disease			
	4	EADING TO			(A)IMMEDIA									
	(This does no heart failure,	osthenia, etc.	. It meons the	disease,	DUE TO,	OR AS A C	ONSEQ	UENCE OF	:					
	injury or com	piicotion whic	n coused dec	in.)										
	AN	TECEDENT	CAUSES		(8)									
	DISEASES O	RCONDITIO	ONS, IF ANY	GIVING	DUE TO,	OR AS A	CONSEC	UENCE C	F:					
_	UNDERLYIN	G CONDITI	ON LAST.	ING IHE	(0)									
CERTIFICATION					(c)									
Y	OTHER SIGN	FICANT CON	II IDITIONS CO	ONTRIBUT	ING									
은	TO THE DEA	TH BUT NOT	RELATED TO	THE TERMI	NAL									
RT					OR WHICH OPERATION	WAS PE	REORM	FD				21 AUTO	PSY? (Yes or N	(0)
2	0					11.0 12	KI OKA					21. 4010	1311 (	-)
AL	22A. EXTERN	VAL CAUSE	MAC	1	220 DIACE OF INITION	- 1	. L d 20	C MILET	E DID /	of a day			no	
EDICAL	UNDERLYING			i i	22B. PLACE OF INJURY (e home, farm, factory, street,	ffice bldg.	, etc.) IN	JURY OC	CUR?	it in soltima	re City, give exac	t location)		
MED	UTING CA													
1	OF INJURY	Manth) (D	ay) (Year	) (Haur	) 22E.INJURY OCCURRI	•		2F. HOW	DID INJ	URY OCC	UR?			
	(APPROX.)					T WORK								
	23.													
	1 certi	fy that I he	eld an 1	nquiry L	Inspection 🔀	Autapsy		ond the	at on th	is basis,	death in my	pinlon		
	result	ed from: No	otural cou	ses K	Accident Sui	cide 🔲	Ho	micide [	] i	Jnde termi	ned monner	]		
		/	1 h	1	1		C	HIEF ME	DICAL E	XAMINER	$\overline{\mathbf{x}}$			
	SIGNATU	DE /	4/1	nu	m	M.D.	ASSIS	TANT ME	DICAL E	XAMINER			DATE SIGNED	,
	EXAMINE	R'S				n.D.	ASSO	CIATE ME	DICAL E	KAMINER				
	NAME (T	(pe) R	ussell	S. F	isher, M.D.				DICAL L	- CANTON CER	_	12	-29-69	
24/	BURIAL GREA	ATHON, 2	4B. DATE		24C. NAME of CEMETE	RY or CR	EMATO	RY	24D. L	OCATION	(City, town,			_
RE	BURIAL	"	lad (	107	Mr Din	IET	- (	Em	1-72	012	Dan	1		
25	A. DATE RECED		DEPT.	1258 N	AME OF REGISTRAR		250 5	UNERAL	DIRECTO	HLTE	1114	Darce		
	JAN	0 197	UTRAB	38	Jaber M.D.		1/1	UNEKAL	PIRECIO	· A	AU	DRESS	10	
					600		WY	1. J	1 /19	CKN	ER (	DALT	O. MI	).
VS	151-REV. 1/1/68			7	0 1 0		U	1	1 1					=



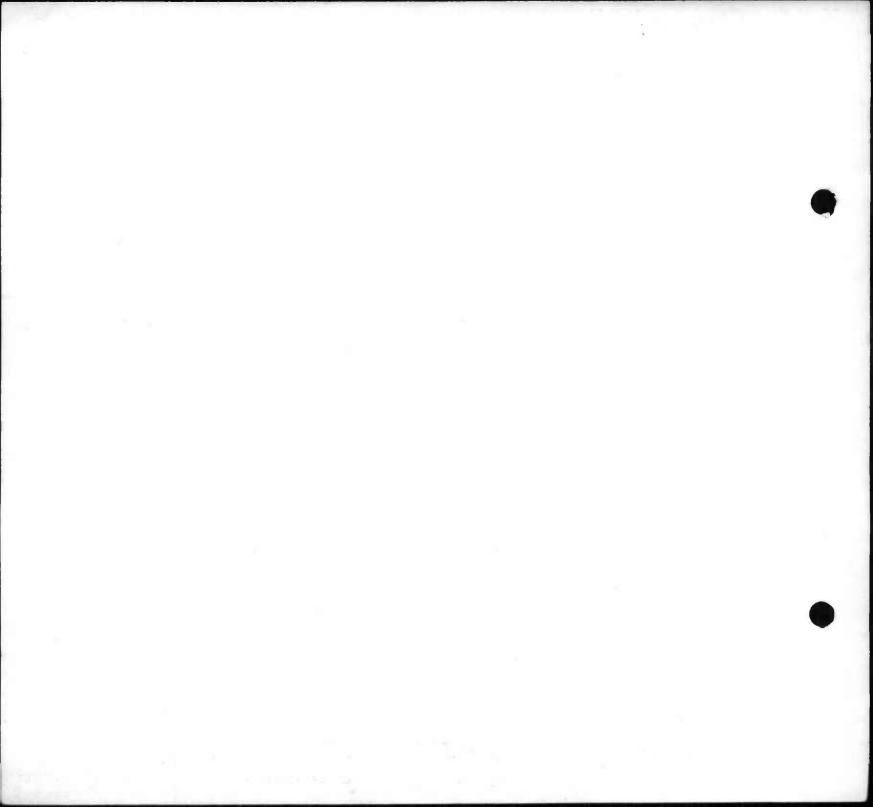
69	13162	BALTIMORE CITY HEALTH DEPARTMENT
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MEDICAL EV	AMAINIEDIC	CEDTIEICATE	OF DE	ATU	CO	1316
MEDICAL LA	WAIII 4FK 2	CERTIFICATE	OI DE	REG. NO.	GO	TOTO

1	B-655 69 13162 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	69 13162					
B 550	(Type or Print)  Oliver Bearman SEAMON)  Day  Bearman	Yeor Hour					
	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)  12 30	Yeor Hour 69 6:50 a.m.					
	OR INSTITUTION  5. USUAL RESIDENCE (Where deceased lived. If institution A. STATE  Maryland  Maryland						
		CITY LIMITS?					
		YES NO					
	9. DATE OF BIRTH 10.AGE (In years If Under 1 Yr. II Under 24 Hrs. E. STREET AND NUMBER Months; Doys; Hours; Min.	YES 124 NO L					
	70   1215 Madison St.  11. BIRTHPLACE(State or foreign country)   12. CITIZEN OF   13. FATHER'S NAME	1					
	WHAT COUNTRY?  JANUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME	NOME					
	done during most of working life, even if retired)						
	16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL 18. INFORMANT	ADDRESS C'					
	(Yes, no or unknown) (if yes, give wor ar dotes of service)   SECURITY NO.   A	228 DougLAST.					
	19. CAUSE OF DEATH	APPROXIMATE INTERVAL					
	4/2.41						
	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  Arteriosclerotic cardiovascular disease						
	(A) IMMEDIATE CAUSE  (This does not mean the mode of dying, e.g.,  (A) IMMEDIATE CAUSE  (A) IMMEDIATE CAUSE						
	heart follure, osthenia, etc. it meons the disease, Injury or complication which coused deoth.)						
	ANTECEDENT CAUSES  (B)  DUE TO, OR AS A CONSEQUENCE OF:						
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  II						
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
	DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No)					
		Partial					
	UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.    OCCUR?   INJURY OCCUR?   INJUR						
	22D. TIME (Month) (Doy) (Year) (Hour) 22E. INJURY OCCURRED. OF INJURY (APPROX.)  MHILE AT NOT WHILE AT WORK  MOT WHILE AT WORK						
	23.   I certify that I held an Inquiry   Inspection   Partial and that on this basis, death in my opinion						
	resulted from: Natural couses Accident Suicide Homicide Undetermined monner						
	CHIEF MEDICAL EXAMINER	DATE SIGNIED					
	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED					
	EXAMINER'S ASSOCIATE MEDICAL EXAMINER						
	NAME (Type) Werner U. Spitz, M.B. Deputy Chief Medical Examiner	12/30/69					
	24A. BURIAL CREMATION, REMOVAL (Specify)  24B. DATE  24C. NAME of CEMETERY or CREMATORY  24D. LOCATION (City, town 1)	on, or county) (Stote)					
BURIAL 10/01/69 1977 17000010 PACTO, 14001							
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR E.O WICSON FOOD	BRANTUS JE					
		1710					

1	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made.	TO TO THE TOTAL PROPERTY OF THE PARTY OF THE
4707	

	W-424 69 131	CO BALTIMORE CITY	HEALTH DEPARTMENT		60 42462		
B	IRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	69 13163		
11	NAME OF DECEASED		In 6 . 6				
C	Type or Print) Eva Marie	whelchel	12 -31	HOUR OF DEATH	13 =5 A.M.		
3	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	ONOUNCED DEAD	4 USHAL PECIDENCE (Whose	desert E 1 H 1 1	lution: residence belore admission		
11.1	ULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	IIA. STATE B. COUNTY	3 celtomore	1601		
- 11"	NSTITUTION				CITY LIMITS?		
1	-/ II 1 1 1		Bultimore	Y	ES NO		
	Similarity Hospital		625 N. Co	errollten	Aux.		
5,	SEX 6. RACE 7. MARR	NEVER MARRIED	8. DATE OF BIRTH 9.	AGE (In yours	f Under 1 Yr. If Under 24 His.		
	/- WIDOV	WED DIVORCED		63			
	A. USUAL OCCUPATION (Give kind of work 10B. KINE one during most of working lile, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stale or foreign	country)	12. CITIZEN OF WHAT COUNTRY?		
	It ouse wite		Md.		U.S.A.		
1113	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	1			
15	Welliam Heiser	1 6. SOCIAL	Dasin Pin	Kerel			
CX	Was Deceased Ever in U. S. Armed Forces? es,no or unknown! (If yes, give war or dates of servi	SECURITY NO.	IN- INFORMANT	. 1	ADDRESS		
	No	214-2-1216	Deminabil 4	Dol. O	Incred .		
	18. / 3	CAUSE OF DEATH	seemes wh	eanex,	some		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		SE Cardio pulmon	4	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	(This does not mean the mode of dying,	(A) IMMEDIATE CAU	SE Cardio pulmon	any Itrrest	45 min.		
	heart failure, asthenia, etc. It means the diser injury ar complication which caused death.)	dse, DUE TO, OR AS	A CONSEQUENCE OF:				
Ш	ANTECEDENT CAUSES	Pool	able ( WA				
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving  DUE TO, OR AS A CONSEQUENCE OF:						
	rise to the abave cause (A) stoting the						
	UNDERLYING CONDITION lost	(C)					
Ш		(0/					
1 2	, l						
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG					
4	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	*****************		***************************************			
CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FO	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	OB. IF YES, WERE FINE	DINGS CONSIDERED		
E	2 WAS PERFORMED	1	Vec	OB. IF YES, WERE FINI	S OF DEATH?		
9	21A. A CCIDENT WAS UNDERLYING TO	21R PLACE OF INITION IS - 1-	or ofort(2) C Wasses 515	HP . T. L.			
AL	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foclory, street, aff	ico bidg., INJURY OCCUR?	(If In Boltimore C	ity, give exoci location)		
5	IDEALD Inchity medical evanology	etc.)					
	21D. TIME (Month) (Dovi (Year) (House	21E INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUP?			
×				. OCCOR:			
	(APPROXI	While AI Wark  Not While AI Wark					
11	22. I certify that (I) (this hospital) attende	d the deceased from	Dec. 30 19	64 to Ne	1 31 10 69		
	1			Managina ,	vicusionius I 7 annius I marine		
	that (1) (we) last saw the deceased alive a		19 <u> &amp; E</u> and that	in(my) (our) apinio	death occurred on the date		
	and haur and from the causes stated above	. (1) (We) (did) (did not) vi	ew the body ofter death.				
	23A. SIGNATURE			lon	DATE SIGNED		
	Pil la un	- Alten	dies S Had S S		B, DATE SIGNED		
Ш	July 1, Ni	DEGREE Phys.	ding Med. Sta		12-31-69		
	23 C. PHYSICIAN'S NAME (Type)		3D. ADDRESS	/			
	Riday T ME	Price MID	11.	11 - 1			
24	A BUREL CREMATION IS TO 13	VIEW /W DEGREE	unaversity	Hospital			
24	A. BURIAL CREMATION, 24B. DATE 24C	NAME of CEMETERY OF CREA	MATORY 24D. LOCA	ATION (City, 1	own, or county! (Stote)		
11	BURIAL 1/5/71	MARCON HA	ar Com A		Md.		
25	A. DATE REC'D BY HEALTH DEPT 258 NAM	MIAUhurn	Com.	13 47 7	100		
11	258 NA	E OF REGISTRAR	25C. FUNERAL DIRECTOR	1 2	ADDRESS QUAT		
	JANG BU CORETE OF MATE	of war (C)	16.0 miss	IN 1000 P	CHNICEY OTCE		
VS	150-REV. 1/1/68						



8-460 69 13164 BALTIMORE CITY HEALTH DEPARTMENT

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	-4-0		U	72

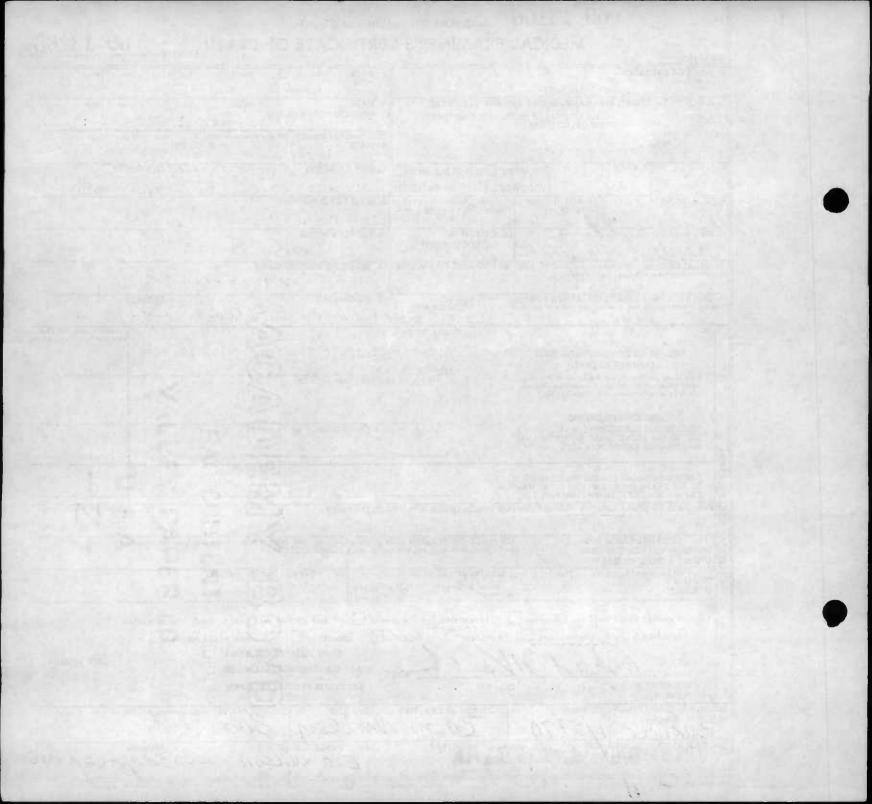
	MED	DICAL	EXAMINER'S (	CERTIFIC	CATE OF	DEAT	H REG. NO.	00	TOT0	14
BIRTH NC.	CEACED			11						
(Type or Print)				2. DATE OF	Known 🔲	Month	Doy	Yeor	Hnur	
A DIACE IN RAI	MARY BAYLOR	VUEDE DOO	NOUNCED DEAD	DEATH	Estimoted					М.
FULL NAME OF	TIMORE, MARYLAND, Y		JTION, GIVE STREET	3. DATE	NCED DEAD	Month	Doy	Yeor	Hour	
HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	TION)	JHON, GIVE STREET			12	28	69	5:48	Р. м.
OK INSTITUTION				5. USUAL RE	SIDENCE (Where		ed. If Institution B. COUNTY	n: residence b	efore odmis	sion)
	hns Hopkins				Md.			10	02	
6. SEX	7. RACE	B. MARRIE	NEVER MARRIED	C. CITY OR	IOWN		D. INSIDE C	ITY LIMITS?		
Female	Negro	WIDOWE	DIVORCED [	В	alto.		Y	ES 🔛	NO 🗌	
9. DATE OF BIRT	H 10.AGE (II	yeors If	Under 1 Yr. If Under 24 Hrs. onths   Doys   Hours   Min.	E. STREET A	ND NUMBER					
Jul 10:	1926 43			718 N	. Eden St					
A. BIRTHPLACE (S	state or foreign country)	12	CITIZEN OF WHAT COUNTRY?	13. FATHER	SNAME		1			
Balten	ine mel		11811	10	mas 1.	Bruse	er_			
done during most of w	PATION (Give kind of work vorking life, even if retired)	14B. KIND C	F BUSINESS OR INDUSTR	15. MOTHER	S MAIDEN NA	WE /	,		SUM	
	House-	10.		To	une 1	Brul	1			
16. WAS DECEAS	ED EVER IN U.S. ARMER	FORCES?	17. SOCIAL SECURITY NO.	18. INFORM	IANT		A	DDRESS	1	
	14	or service,	JECOMIT ITO.	Bin	use Ha	und	2 116	thing	· les	
19.	A VI		CAUSE OF DEA	TH		//			PROXIMATE IN	
DISEAS	E OR CONDITION DIRE	CTLY	Lobar pn	eumonia				OCI W	LEN ONSET A	ND DEATH
	LEADING TO DEATH		(A)IMMEDIATE C							
(This does no heart tallure.	ot mean the made of dy, asthenia, etc. It means the	ing, e.g.,	DUE TO, OR	AS A CONSEQU	UENCE OF:				*******	
injury or con	nplication which coused dec	olh.)								
1A	NIECEDENT CAUSES		(n)							
	OR CONDITIONS, IF ANY	, GIVING	DUE TO, OR	AS A CONSEC	UENCE OF:					
I UNDEKLYIN	NG CONDITION LAST.	ING THE	(0)							
Ó	II.		(c)							
OTHER SIGN	IFICANT CONDITIONS CO	ONTRIBUTIN	G					199		
DISEASE OR	ATH BUT NOT RELATED TO CONDITION GIVEN IN PA		AL Fatty	liver						
OTHER SIGN TO THE DEADISEASE OR 20A. DATE OF	OPERATION 208. CON	NDITION FO	R WHICH OPERATION W	AS PERFORM	ED			21. AUTOI	PSY? (Yes o	r No)
02									7700	
22A. EXTERI	NAL CAUSE WAS	221	B. PLACE OF INJURY (e.g.,	In or obout 22	C. WHERE DID	Il tn Boltimor	e City, give exc	et location)	yes	
	SOR CONTRIB- USE OF DEATH,	ho	me, lorm, foctory, street, office	e bidg., etc.) IN	HURY OCCUR?					
2 22D. TIME (	(Month) (Doy) (Year	) (Hour)	22E.INJURY OCCURRED	22	F. HOW DID IN	URY OCCU	R?			
OF INJURY (APPROX.)		_		WHILE						
23.		IR.	WORK L AT W	OKK LJ						
1 certi	ify that I held an I	nquiry	Inspection Au	tapsy X	and that an th	is basis,	death in my	opinion		
result	red from: Notural cau	ses X	Accident D Suicid	le 🗌 Hor	micide 🔲 1	Indetermin	ed monner			
	17	1/	1	C	HIEF MEDICAL E	XAMINER	X			
SIGNATU		Fret	men M.D	ASSIS	TANT MEDICAL E	XAMINER			DATE SIGN	IED
EXAMINI	ER'S	1			CIATE MEDICAL E	XAMINER				
NAME (T			sher, M.D.				74	12	29-69	)
24A. BURIAL CREA REMOVAL (Specif	MATION, 24B. DATE		24C. NAME of CEMETERY	ar CREMATO	RY 24D. I	OCATION	(City, town	, or county)	(Stote	•)
Bureal	2 /-2-	-70	nt tribus	1 Cuil		Bal	1 m	X		
25A. DATE REC'D	BY HEALTH DEPT.	258. NAA	NE OF REGISTRAR	25C. F	UNERAL DIRECTO	OR /	A	DDRESS		
JANG	1970 Robert	0 30	a. Ach	6/	en. 111	1.60	1/011	Bras	la,	1
VS 151-REV 3/2/A8		1		un	271111	120	10001	mar	my.	1

	ing cause of death cause; (5) Deceased attendance on the rrior to death. Such
•	death occurred or contribution of contributions in regular sition is made
IMPORTANT	Also, if the direct re of any kind; (4) nounced death we attendance on the
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made.

(-800) 69 13165	BALTIMORE CITY	HEALTH DEPARTMENT		CO 4240E
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	69 13165
(Type or Print) COOK, SAMUEL	L J.		HOUR OF DEATH	230
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If inst	itution: rasidence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUT ADDRESS OR LOCATION)	TON, GIVE STREET	TMAKYLA.		604 E CITY LIMITS?
CHURCH HOME & HO	Epita/	Baltimor	e	YES NO
Broadway & Tryal	\$ SK.	E. STREET AND NUMBER		
M NEG-CO WIDOWED	NEVER MARRIED DIVORCED	Oct 3/896 "	72 4100	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF 8 done during most of working life, even if retired)	USINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign	country	12. CITIZEN OF WHAT COUNTRY
and a moral way over a failed,		VIRGINI	A	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
UNK		(10	11/	- Contract
15. Was Deceased Ever in II. S. Armed Farrer?	6. SOCIAL	17. INFORMANT	/1 =	ADDRESS ,
(Tos,no or unknown) (If yes, give war or deles of service)	SECURITY NO.	EMMA C'UC	K (WIDE	SA
18. 4 8 6 Y I	CAUSE OF DEATH	1		APROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		D /	EVI	
IThis does not mean the mode of dving. e.g.	(A) IMMEDIATE CAU	SE Pespiratory A CONSEQUENCE OF:	Tailure	2
heart laiture, asthenio, etc. It means the disease, injury or camplication which caused death.)	DUE 10, OR AS	A CONSEQUENCE OF:		,
ANTECEDENT CAUSES	D.	- 01	· / a	
DISTAGES ON COMPUTANT II	(B) 1 her	umonia + Chro	nu hey lis	ease for will
rise to the above cause (A) stating the UNDERLYING CONDITION last.	(C)	A CONSEQUENCE OF:	1	V .
	(-//			***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Chronis	fuel Failul;	Pelydrale	a ?
19A. DATE OF OPERATION 19R. CONDITION FOR WH	ICH OPERATION	20A. AUTOPST? (Tes or No) 2	OR IF YES, WERE FIN	IDINGS CONSIDERED ES OF DEATH?
DEATH (notify medical examiner) elad	ACE OF INJURY (e.g., in form, factory, street, off	or about 21 C. WHERE DID	(If In Boitimore (	City, give exect location)
=   OF INJURT	JURY OCCURRED	21 F. HOW DID INJURY	OCCUR?	
(APPROX.) While Work	At Work Not While			
22. I certify that (1) (this hospital) attended the			29 to 12-	3/ 10/ 9
that (i) (we) last saw the deceased alive on	1 - 1	( c		
and hour and from the causes stated abave. (1) (1			ntmy/ toury opinic	in death occurred on the date
23A. SIGNATURE	, (ata) (ata not) VI	en the body offer death.	las	8. DATE SIGNED
Podelio M. Mr	Atten	ding Med. Stel	1 132	
23C. PHYSI CIAN'S	DEGREE Phys.	3D. ADDRESS	. 🗀	12-31-69
RODELIO M. Lim			- 16-	
24A. BURIAL CREMATION, 24B. DATE / 124C. NAMI	E of CEMETERY OF CREA	Church Her	me & otos	P.
BURIAL 1/5/20 1	DOUNT A	7	FACTO,	fown, or county! (State)
JAN 6 1970 Park & Jailey		25C. FUNERAL DIRECTOR		BEANTLEY AY
VS 150-REV. 1/1/68		4 9		

7,5 

by 13166 BALTIMORE CITY HE	ALTH DEPARTMENT
BIRTH NC.	CERTIFICATE OF DEATH REG. NO. 69 13166
I. NAME OF DECEASED	2. DATE Known Month Day Year Hour
(Type or Print)	OF
DQUGLAS GREEN  4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	M.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	December 31,1969 4:30 A.M.
	S. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  A. STATE  B. COUNTY
1900 Penrose Avenue	Maryland 2001
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male Negro WIDOWED DIVORCED	Baltimore YES□ NO□
9. DATE OF BIRTH 110. AGE (In years   If Under 1 Ye If Under 24 Hrs	E. STREET AND NUMBER
Months Doys Hours Min.	1900 Penrose Avenue
11. BIRTHOCACE (State of Agreedin country) 12. CITIZEN OF	13. FATHER'S NAME
WHAT COUNTRY?	BOR GREEN
Louis Guornic USK	
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR' done during most of working life even if replyed)	
Kelinul	ELIZA VATRICK
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)(II yes, give wor or doles of service)  17. SOCIAL SECURITY NO	18. INFORMANT ADDRESS
455 212-05-3309	CHANEY E. SREEN S/A
19.// CAUSE OF DEA	
Artorio	sclerotic Cardiovascular Disease
LEADING TO DEATH	
(This does not mean the mode of dying, e.g.,	CAUSE AS A CONSEQUENCE OF:
heart foilure, osthenio, etc. It means the disease, Injury or complication which coused death.)	NONSEQUENCE OF:
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
I I UNDERLYING CONDITION LAST	
[5]	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION WA	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED   21. AUTOPSY? (Yes or No)
Ö	no
✓ 22Å. EXTERNAL CAUSE WAS 1228 PLACE OF INJUIDY OF	
O INDEPLYING TOP CONTRIB	in or obout 22C. WHERE DID (II in Baltimore City, give exact location) e bldg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH.	
OF INTERY	22F. HOW DID INJURY OCCUR?
(APPROX) WHILE AT NOT	WHILE OF THE CONTROL
23.	
I certify that I held on Inquiry Inspection X Au	topsy ond that on this basis, deoth in my opinion
resulted from: Natural couses X Accident Suicid	
	CHIEF MEDICAL EXAMINER
ACTUAL / 6 / 1 / 1/2 //	ASSISTANT MEDICAL EXAMINER
SIGNATURE M.D	
EXAMINER'S Ronald N. Kornblum, M.D. NAME (Type)	ASSOCIATE MEDICAL EXAMINER 12/31/69
24A. BURIAL CREMATION, 24B. DATE / 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
DEMOVAL (Specific)	NATICEM BACTO Mar
1201910	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
SANO 13/U/ Jaban en Marban Ma	E.O. WILSON 1000 BRANTLEY HVG.
VS 151-REV, 1/1/68	+ 0 + 5 2



BALTIMORE CITY HEALTH DEPARTMENT Registered Na. CERTIFICATE OF DEATH (5) Deceased Such and of death M.E. CASE NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) MRS OP 30/1969 a hospital death. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, Il institution: residence before admission) attendance Baltimore Md Cause (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) (If outside city limits, write RURAL canse; INSTITUTION 0 BALTIMORE = prior D. STREET ADDRESS (Il rural, give location) contributing occurred 2201 CALLOW Ave. Md 212/7 disposition is made. Undetermined regular 5. SEX 9. AGE (In years 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. eceased Hours WIDOWED, DIVORCED (specily) lost birthdoy Months Doys Manied 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF death done during most of working life, even if retired) WHAT COUNTRY? none v MOS 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME the direct 4 death 0 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS or final SECURITY NO. CHART. ance any pronounced attend ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med of LEADING TO DEATH fracture (This does not mean the mode of embai heart failure, asthenia, etc. It means the disease, regular injury or complication which caused death,) ANTECEDENT CAUSES who are DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the UNDERLYING CONDITION lost. physician the remains the chief medical OTHER SIGNIFICANT CONDITIONS CONTRIBUTING H. Direne, Circhari, Diabetes rellika TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. physician ERTIFIC 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 208. IF YES WERE FINDINGS CONSIDERED IN CERTIFING CAUSES OF DEATH? the 0 WAS PERFORMED before 214. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 3 218. PLACE OF INJURY (e.g., in or about 21°C. WHERE DID home, loim, lactory, street, alfice bldg., INJURY OCCUR? where U (II in Baltimore City, give exact location) to the hospital ° DEATH (notily medical examined) nature; by MEDIC obtained (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 approved OF INJURY Not While (except While At (APPROX.) At Work and Work any 22. I certify that (I) (this hospital) attended the deceased from 12/26/ 1969 12/30/1969 death); 12/30 / 1969 and that in(my) (aur) apinian death accurred an the date 99 that (I) (we) last saw the deceased alive an of a hospital and hour and from the causes stated above. (1) (We) (did) (did not) view the bady after death. released must accident 23A, SIGNATURE 23B. DATE SIGNED This certificate must M.D. Attending Med. Stolf 0 approval Director \_\_\_ 23D. ADDRESS 23C. PHYSICIAN'S prior to NAME (Type) the body was An 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION eceased D.0 REMOVAL (Specify) shows: BURIAL Cooksville Maryland Was 25A. DATE REC'D BY HEALTH DEPT. - 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Adolphus Halstead 1206 W north Ave VS 150-REV. 1/1/65

Cardware, and when they be your

Baltimore Nat'l Cem.

1-5-70

258. NAME OF REGISTRAR

Burial

VS 151-REV. 7/1/68

25A. DATE REC'D BY HEALTH DEPT.

Maryland

1701 Laurens St.

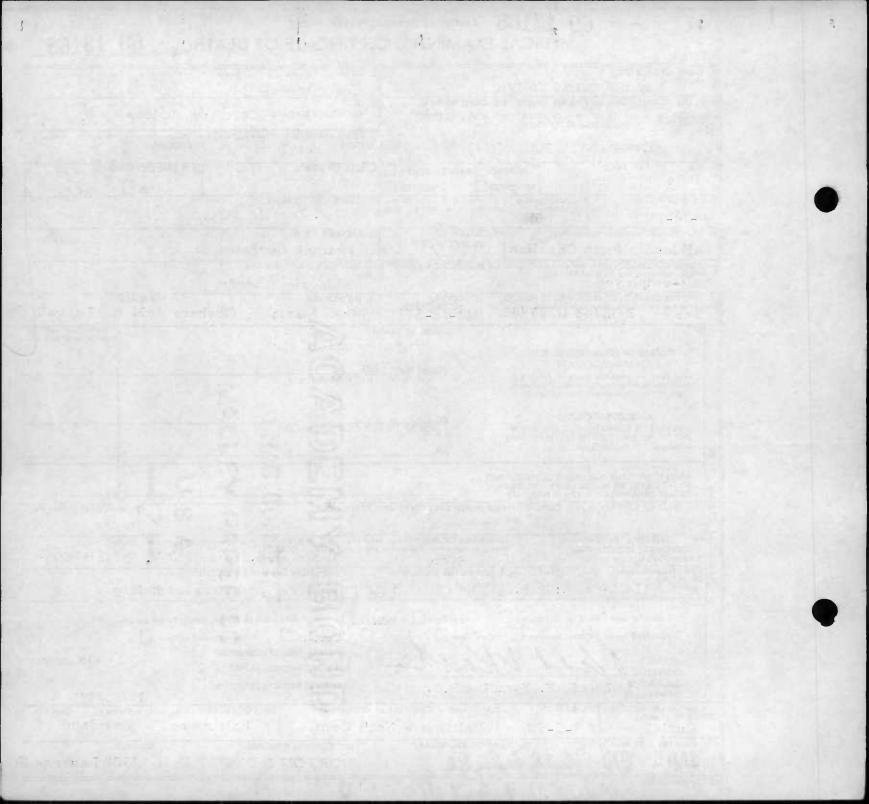
ADDRESS

Baltimore,

25C. FUNERAL DIRECTOR

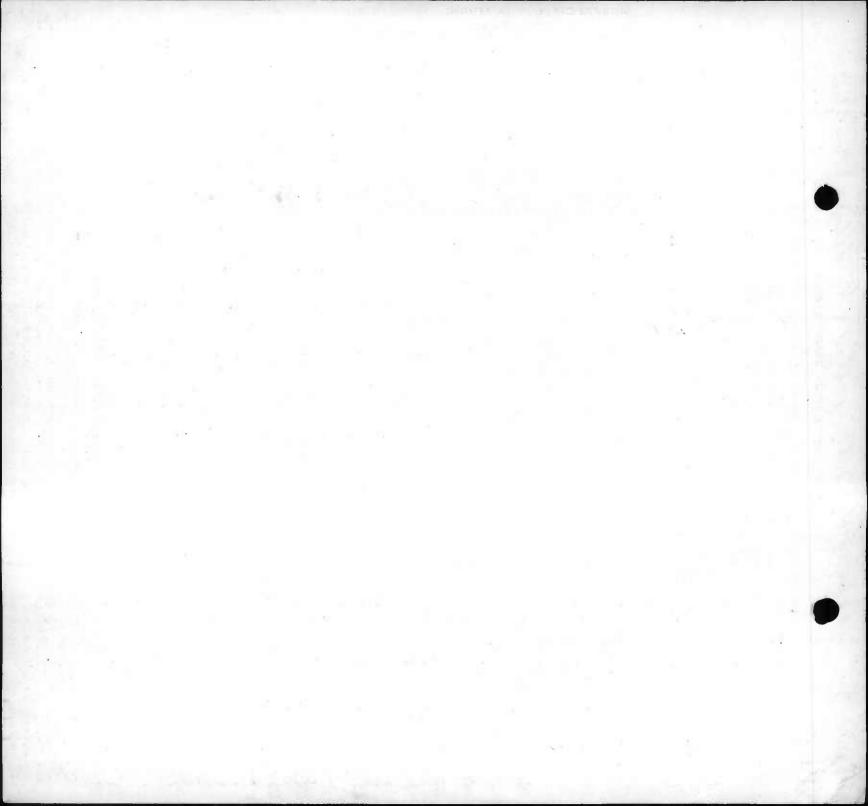
MORTON & DYETT F. H.





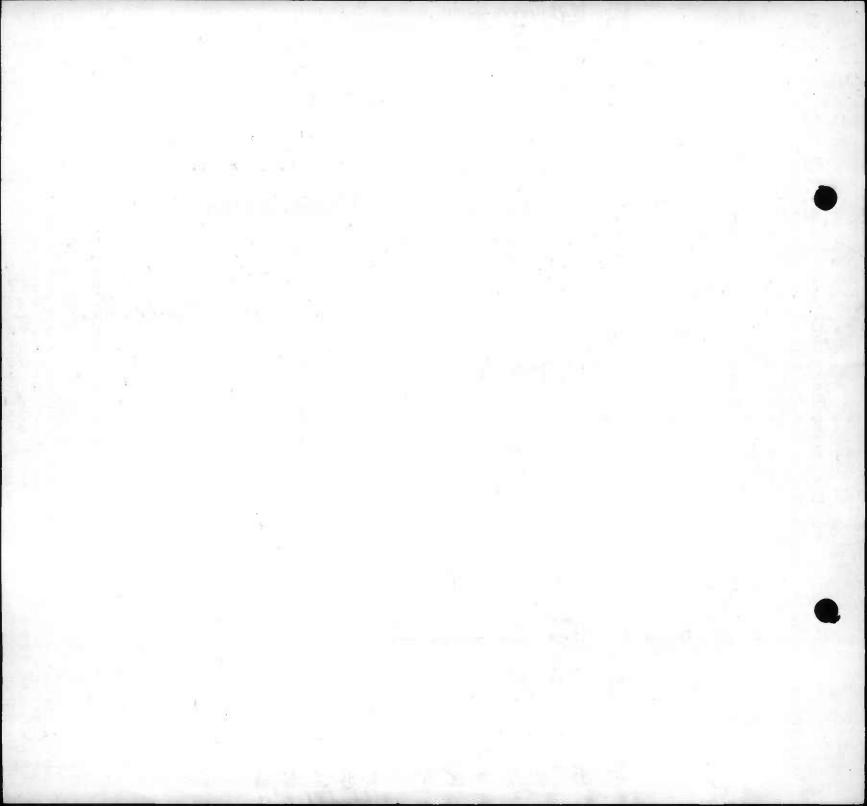
11 0 5 1	RE CITY HEALTH DEPARTMENT
BIRTH NO.	FICATE OF DEATH REG. NO. 69 13169
1. NAME OF DECEASED ANNIE HUGG!	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STRE HOSPITAL OR ADDRESS OR LOCATION)	CCITY OR TOWN D. INSIDE CITY LIMITS?
33 JOHNS HOPKINS HOSPITAL	ISALTIMORS YES INO
23 JOHNS HOLKINS , WAS LIKE	E. STREET AND NUMBER
	811 W. DALLAS ST.
S. SEX 6. RACE 7. MARRIED NEVER MARRI	B. DATE OF BIRTH  9. AGE (In years  II Under 1 Yr. II Under 24 Hrs.  Manths: Days Hours Min.
FEMALS NEGRO WIDOWED DIVORCE	_   N h / , a   161 a 2
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR IN	
dane during most of working lite, even if retired)  Compared to the compared t	Midway, South Carolina U.S.A.
1 MARIE	
UNK	UNK
15. Was Deceased Ever in U. S. Armed Farces? 16. SOCIAL (Yes, no or unknown) (If yes, give war ar dotes of service) SECURITY NO	17. INFORMANT ADDRESS
No.	Mr. Clarence Kice 2625 Robb St
18. 412. 2 1 CAUSE OF	F DEATH  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	LATE CALLS ASPIRATION PNEUMONITIS 2 LOUIS
(A)IMMEDI	IATE CAUSE TO THE CAUTON INDUMENTALLY CONTROLLING TO THE CAUSE OF THE CAUSE OF THE CAUTON INDUMENTAL OF THE CAUSE OF THE C
heart foilure, osthenio, etc. It means the disease,	, or as a consequence of:
	0.000 100 10 10 10 10 10 10 10 10 10 10 10
ANTECEDENT CAUSES	EREBROURSCULAR ACCIDENT 4 Lays, OR AS A CONSEQUENCE OF:
UNDERLYING CONDITION last. (C) tys	pertensive CardrovASCULAR DISEASE HANT YEARS
11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL    IN THE DEATH BUT NOT RELATED TO THE TERMINAL    IN THE DEATH BUT NOT RELATED TO THE TERMINAL	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATIO WAS PERFORMED	N 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
T	110
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  218. PLACE OF INJURNATION for the plane, factory, setc.)	RY (e.g., in or obout 21 C. WHERE DID (If in Baltimore City, give exact location) street, affice bldg., INJURY OCCUR?
D 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR	RED 21F. HOW DID INJURY OCCUR?
	Not While
Work - A	Al Wark
22. I certify tha (1) (this hospital) attended the deceased fro	//0
that (1) (we) last sow the deceased alive on Dec. 31	19 6 7 and that in (our) opinion death occurred on the date
ond hour and from the couses stated above. (1) (We) (did) (did	d not) view the body ofter deoth.
23A. SIGNATURE O O 1 O O HD	23B. DATE SIGNED
1000 C 150 1	Phys Director Phys
23 C. PHYSICIAN'S	23 D. ADDRESS
Stephen Achuff, M.D.	The Johns Hopkins Hospital
24A. BURIAL CREMATION, 248. DATE   24C. NAME OF CEMETER	OEGREE
REMOVAL (Specily)	in Charactery A. D. Ca Hamiland
DURIA 15/10 107 CA104	19 410/400

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V\$ 150-REV. 1/1/6B

CO 4 24 PG BALTIMORE CITY HEA	ALTH DEPARTMENT
69 13170 CERTIFICATE	OF DEATH REG. NO. 69 13170
BIRTH NO.  1, NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or Print)	13/30/10
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
	STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND 100/
INSTITUTION	D. INSIDE CITY LIMITS?
RITCHMS HOPKIND HOSPITAL E.S	BALTIMORE, YES NO NO
13 Johns Henring Hospins	
	1201 EVEDEN: ST.
MAKKIED NEVEK MAKKIEDA	ATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
MALE NEGRO WIDOWED DIVORCED 100. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11.	1-16-1134 45
done during most of working life, even if retired)	BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
Taborer	71.
13. FATHER'S NAME	MOTHER'S MAIDEN NAME
VAMM MC OLOKH)	Mary A DOLCER)
	NEORMANT ADDRESS
(Yes, no orlunknown) (If yes, give wor or dotes of service) SECURITY NO.	24. mf loon 11/2/ × 00
118. CAUSE OF DEATH	ory 11-sean when elson approximate interval
1 401.0	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
(This does not meen the made of dying, e.g., (A) IMMEDIATE CAUSE  OUE TO, OR AS A CO	IMTANCEMENTAL HEMOGRAGE 2405
heart foilure, asthenia, etc. It means the disease, injury ar camplication which coused death.)	NJEGOENGE OI.
	25.4.4.4.004
(B)	AFLASION ZYKS.
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CO	DNSEGGENCE OF:
UNDERLYING CONDITION last. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERΠFYING CAUSES OF DEATH?
	XXXX NO
U 21 A. ACCIDENT WAS UNDERLYING   21 B. PLACE OF INJURY (e.g., in or of home, form, foctory, street, office to	obout 21 C. WHERE DID (If in Boltimore City, give exact location) bldg, INJURY OCCUR?
DEATH (notify medical examiner)	
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
While At Not While At Work	
	17.12 9 10/9 12/70 12/70
	12/29 1967 10 /2/30 1969,
A STATE OF THE PARTY OF THE PAR	19 and that In(my) (aur) apinian death occurred an the date
and haur and from the causes/stated above. (1) (We) (did) (did not) view	
23A. SIGNATURE  Attending	23 B. DATE SIGNED
Attending Phys.	Med. Director Phys. 12/20/69
	ADDRESS
SCHA H STOBO	THE JOHNS HOPKINS HOSPITAL
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMAT	
Themospecify 1.3-40 MM B. C.	(5m Rath md
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR	SCOTUNERAL DIRECTOR ADDRESS
0 4000 74 - 0 7 0	
JAN 6 1970 Abert E. Markey 12	Layner Sanders 317 6, Treston St



	11
approved by the chief medical examiner or his assistant if death occurred in a hospital and the hospital by a medical examiner. Also, if the direct or contributing cause of death cany nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased (except where the physician who pronounced death was in regular attendance on the by sician was in regular attendance on the cased prior to death. Such e obtained before the remains are embalmed or final disposition is made.	S. TOA dor
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ospi e o 5) D ince	FU
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cau cau	3.
ipproved by the chief medical examiner or his assistant if death occurred in a hospital and of the hospital by a medical examiner. Also, if the direct or contributing cause of death any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased (except where the physician who pronounced death was in regular attendance on the stand (6) No physician was in regular attendance on the deceased prior to death. Such e obtained before the remains are embalmed or final disposition is made.	S.
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den den den nosp	
acci acci or to	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	24
sody s: (1 D.O. asec	1
This the bashow was dece	25.
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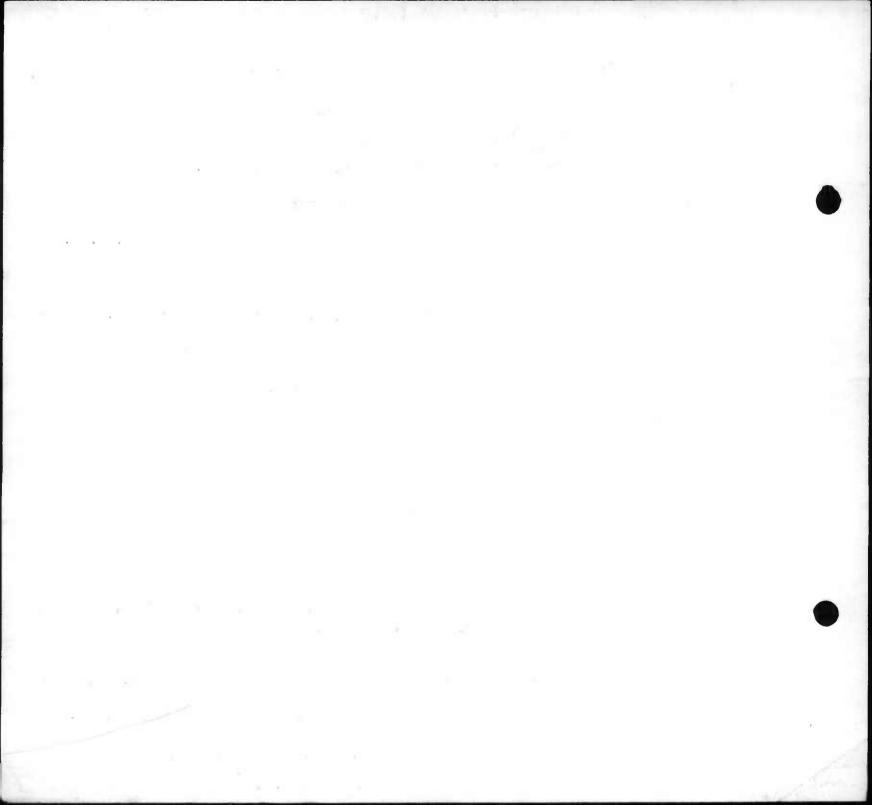
	1	An			HEALTH DEPARTMENT		00 40454
BIR	7-12- TH NO.	2 69	1317:	CERTIFICA	TE OF DEATH	REG. NO	69 13171
	pe or Print) R	obert James	Bivens			Dec . 69	7:30 P. M.
3.	PLACE IN BAL	TIMORE, MARYLAND,	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Whe		institution: residence before admission)
EH	LL NAME OF	(IF NOT IN HOS	PITAL OR INSTIT	TURION GIVE STREET	Maryland	The second	1001
HC	SPITAL OR	ADDRESS OR LO	CATION)	UTION, GIVE STREET	c. CITY OR TOWN Baltimore	D. IN	YES P NO
3.	3 John'	s Hopkins Ho	ospital		E. STREET AND NUMBER 1321 E. Bidd	dle St.	
S. :	SEX M	6. RACE Negro	7- MARRIED	NEVER MARRIED DIVORCED	B. DATE OF BIRTH Feb.15,1915	9. AGE (In years last bighylay)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A	USUAL OCCI				11. BIRTHPLA CE (Stote or fore	ign country)	12. CITIZEN OF WHAT COUNTRY
		working lile, even if retired	d)	TENANCE	Chance Maryla		U.S.A
13.	FATHER'S NAM	ΛE			14. MOTHER'S MAIDEN NA	ME	
	John	Columbus B	ivens		Edith Hull		
15.	Was Deceased	Ever in U. S. Armed	Forces?	16. SOCIAL	17. INFORMANT		ADDRESS
(Te	NO	(II yes, give wor or d	ores or service/	212-10-1263	Martin DaShiel	lds 124 N.	Mt. Olivet In.
	1B.	,91		CAUSE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEAS	E OR CONDITION				600	
	(This does n	LEADING TO DEAT		(A) IMMEDIATE CAL		1 Colu	sion (
	(This does not mean the mode of dying, e.g., heart foilure, asthenia, etc., it means the disease,						
	ANTECEDENT CAUSES  ANTECEDENT CAUSES						
				(B) DUE TO OR AS	A CONSEQUENCE OF:	c Hour	rsto se
	rise to the	OR CONDITIONS, in above cause (A			A CONSEQUENCE OF		A
	UNDERLYING	CONDITION last.		(c)			
ATION	TO THE DEAT	[] ICANT CONDITIONS C H BUT NOT RELATED TO	THE TERMINAL				
CERTIFICA		OPERATION 19B. CO		WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
CER	21 A. ACCIDE	NT WAS UNDERLYING	21	B. PLACE OF INITIRY (e.g.,	in or obout 21 C. WHERE DID	(If in Boltime	ore City, give exact location)
CAL	OR CONTRIBL	NT WAS UNDERLYING TING CAUSE OF medical examiner	horietc	me, form, foctory, street, a	ffice bidg., INJURY OCCUR?	(ii iii bolliiii	ore city, give exact location;
	21 D. TIME OF INJURY	(Month) (Doy) (Ye	or) (Hour) 211	INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
ME	(APPROX.)			hile At Not Whi	le 🔲		
	22. I certify	that (1) (this hospi		the deceased from		1969 to 1	10 69
		last saw the deced			10		olnion death occurred on the date
	ond haur one	from the couses s	toted obove. (	(I) (We) (##) (did not)	view the body ofter death.		
	23A. GIGNATU	RE				c. " —	23B. DATE SIGNED
	+ 4	J. Ul	lun	DEGREE Phy	ending Med. Director	Shaff Phys.	1-3-10
	23C. PHYSICIA	N'S YRATE K D	DAG	A 6	23D. ADDRESS	0.0	X-
244	A RUDIAL CRE	MATON, 248, DATE	TUTIN	DEGREE	122 /1/Ca	OCATION	City town or countyl (State)
247	REMOVAL	. 1/~/~		AME OF CEMETERY OF CA		40 . /	City, fown, or countyl (Stote)
6	ZURIAL		0	T. CHARLES		MANCE	20M 11/4
25/	JAN 6	1970 Pabe	BE VER	OF REGISTRAR	25C. ONERAL DIRECTOR	ebster 0	mices anne
VS	150-REV. 1/1/6	5 B					

( comment Exemple) I will traffict ordered in at I A CONTRACT

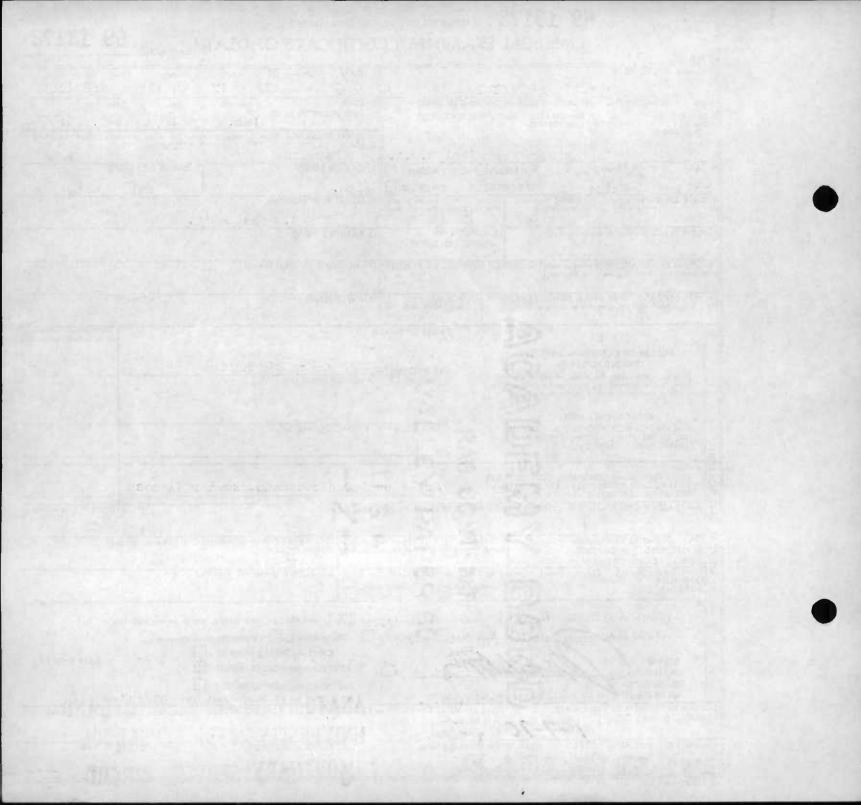
1222 M. Carolin 7

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and eath ased the Such	BIRTH NO. CERTIFICA	TE OF DEATH REG. NO. 69 13172
_ D 0 E	(Type or Print) Watts, Anita	2. DATE AND HOUR OF DEATH 12-31-69 12:00 P.M.
hospite ise of (5) Dec ance c	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, II institutions residence before admission)
d in a ling caucause; attend	HOSPITAL OR INSTITUTION. GIVE STREET ADDRESS OR LOCATION!  Provident Hospital  1514 Divison Street  Baltimore, Maryland 21217	Maryland  C. CITY OR TOWN  Baltimore  E. STREET AND NUMBER  1430 Druid Hill Ave.
occurrion contributer regula eased is mad	5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 104. USUAL OCCUPATION (Give kind of work) 108. KIND OF BUSINESS OR INDUSTRY	8. DATE OF BIRTH  9. AGE (In years    Il Under 1 Yr.   Il Under 24 Hisa   Months! Days   Hours   Adia
or or of or	done during most of working lile, even if refired)  13. FATHER'S NAME	Maryland U. S. A.
irect (4) Ur was	Charles Sparrow	14. MOTHER'S MAIDEN NAME
assistant if the di ny kind; d death ance on r final di	15. Woe Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dotes of eervice)  NO  16. SOCIAL SECURITY NO. 216-07-9323	17. INFORMANT ADDRESS
o o	18. 4 / 2 4   CAUSE OF DEATH	
er. Als cture o pronou ar att	OISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., heart foilure, asthenia, etc. it meens the disease, injury or complication which caused death.)  (A) IMMEDIATE CAU DUE TO, OR AS A	SE ASCVD with CHF CONSEQUENCE OF: (CONGESTINE)
examine (3) A fraction who provided in regulations are emained.	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, il any, giving nise to the obove cause (A) stating the UNDERLYING CONDITION tast. (C)	SE ASCVO with Cff  A CONSEQUENCE OF: (Congestine Heart Failure)  A CONSEQUENCE OF:
medical medical y burns; physicia	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A].  1994-DATE OF OPERATION 1985. CONDITION FOR WHICH OPERATION	
the chief mal by a mere (2) Body but the physician ophysician efore the reference of the re	WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in	20A. AUTOPSY? (Yes or No.)  Or obout 21C. WHERE DID (If In Baltimore City, give exect location)  (If In Baltimore City, give exect location)
hospit nature; ept wh d (6) N ained b	DEATH (notify medical examiner)  21D-TIME (Month) (Doyl (Yearl (Hour) 21E, INJURY OCCURRED While At Work	21F. HOW DID INJURY OCCUR?
approto the proto the prot	22. I certify that (1) (this hospital) attended the deceased from De that (1) (we) last saw the deceased alive an December 31,	19 69 and that In(my) (aur) opinian deoth accurred on the date
dent dent ospit deat must	and have and from the causes stated above. (1) (We) (did) (did not) vi	ew the bady after death.  23 R. DATE SIGNED
0 - 0>	DEGREE Phys.	ding Med. Staff Dec. 31, 1969  D. ADDRESS  Med. Staff Dec. 31, 1969
certificat body was vs: (1) An D.O.A. at assed pric	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREATERY	1514 Divison Street Baltimore, Md.  MATORY   24D. LOCATION (City, town, or county) (Stote)
This certif the body shows: (1) was D.O./ deceased written a	Burial 1-5-70 Baltimore Nat	25C. FUNERAL DIRECTOR V Bailou ADDRESS
	VS 150-REV. 1/1/68	Oclson F.H. 1348 Calhoun Street

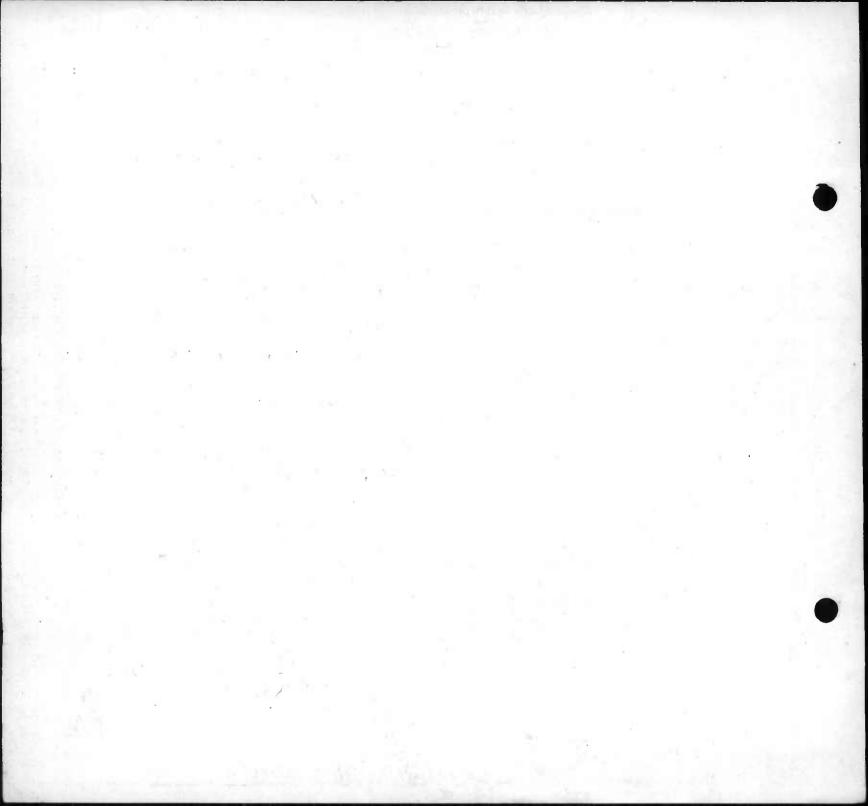


	Pe or Print)				2. DATE Known		Doy	Yeor Hour
1	GI PLACE IN BALTIMORE,		PLETTI	CED DEAD	DEATH Estimot		12	69 11:15
FUI	LL NAME OF (IF	NOT IN HOSPITAL OF	RINSTITUTION, C		PRONOUNCED DE	Dec.	12,	1969 11:15
		1.0	1 77	-1 0 0 4	5. USUAL RESIDENCE A. STATE		B. COUNTY	idence before odmission
6.	SEX 7. RACI	and Genera		EVER MARRIED	Marylan C. CITY OR TOWN	a	ID. INSIDE CITY L	IMITS?
7	Male Whi		IDOWED	DIVORCED [	Ralto.		VEE [	] No []
	DATE OF BIRTH	10. AGE (in year lost birthday)	ors If Under I Months   D	Yr. Il Under 24 Hrs.	E. STREET AND NUM	BER Preston S	YES L	ои
11.	BIRTHPLACE (State or fo		12. CITIZI	EN OF COUNTRY?	13. FATHER'S NAME	Trescon		
i4A don	USUAL OCCUPATION of during most of working life	(Give kind of work 148. e, even if retired)	KIND OF BUSIN	NESS OR INDUSTRY	15. MOTHER'S MAIDE	N NAME	20-00-00	
16. (Ye:	WAS DECEASED EVER s, no or unknown) (If yes, gi	IN U.S. ARMED FO	PRCES? 17.	SOCIAL SECURITY NO.	18. INFORMANT		ADDRI	ESS
	19.			CAUSE OF DEA	TH TH			APPROXIMATE INTER
	DISEAST OF SO	I						BETWEEN ONSET AND I
		NDITION DIRECTLY TO DEATH	FEE	4.111111501475.6	Acute	alcoholism	1	
H	(This does not mean	the mode of dying,	#.g.,	(A) IMMEDIATE C	AS A CONSEQUENCE OF:	arconorran	11	
	heart failure, asthenia Injury or complication	which coused death.)	eose,					
	ANITECEDE	NT CAUSES						
	DISEASES OR CONE	DITIONS, IF ANY, GIV	VING	DUE TO, OR	AS A CONSEQUENCE OF	F:		
	RISE TO THE AROVE	CAUSE (A) STATING	THE .					
_	UNDERLYING CON	DITION LAST.						
NO	UNDERLYING CON			(c)				
ATION	OTHER SIGNIFICANT	II CONDITIONS CONT	RIBUTING					
FICATION	OTHER SIGNIFICANT	II CONDITIONS CONT	TERMINAL		sclerotic can	rdiovascul	ar disea <b>s</b> e	
ERTIFICATION	OTHER SIGNIFICANT	11 CONDITIONS CONTINOT RELATED TO THE	TERMINAL	Arterio		rdiovascul		AUTOPSY? (Yes or No
CERTIFICATION	OTHER SIGNIFICANT TO THE DEATH BUT N DISEASE OR CONDITI	11 CONDITIONS CONTINOT RELATED TO THE	TERMINAL	Arterio		rdiovascul		
AL C	OTHER SIGNIFICANT TO THE DEATH BUT P DISEASE OR CONDITI  20A. DATE OF OPERAT  22A. EXTERNAL CAU	II CONDITIONS CONT NOT RELATED TO THE ON GIVEN IN PART TION 208. CONDIT	TERMINAL 1 (A). TON FOR WHICE	Arterio CHOPERATION WA	AS PERFORMED	DID (If in Baltima	21.	AUTOPSY? (Yes or N YES
CAL C	OTHER SIGNIFICANT TO THE DEATH BUT IN DISEASE OR CONDITION  20A. DATE OF OPERAT  22A. EXTERNAL CAU UNDERLYING OR CO	II CONDITIONS CONT NOT RELATED TO THE ON GIVEN IN PART IION 208. CONDIT	TERMINAL 1 (A). TON FOR WHICE	Arterio CHOPERATION WA	AS PERFORMED	DID (If in Baltima	21.	AUTOPSY? (Yes or N. YES
EDICAL C	OTHER SIGNIFICANT TO THE DEATH BUT IN DISEASE OR CONDITION OF THE DEATH BUT IN DISEASE OR CONDITION OF THE DEATH BUT IN DISEASE OR CONDITION OF THE DEATH BUT IN DISEASE OF THE DIS	II CONDITIONS CONT NOT RELATED TO THE ON GIVEN IN PART IION 208. CONDIT USE WAS ONTRIB- DEATH.	TERMINAL 1 (A). TON FOR WHICH 22B, PLACE home, form	Arterio CHOPERATION WA	in or obout 22C. WHERE bldg., etc.)	DID (If in Baltima	21. re City, give exoct loc	AUTOPSY? (Yes or No
EDICAL C	OTHER SIGNIFICANT TO THE DEATH BUT IN DISEASE OR CONOIL 20A. DATE OF OPERAT	II CONDITIONS CONT NOT RELATED TO THE ON GIVEN IN PART IION 208. CONDIT USE WAS ONTRIB- DEATH.	1 (A).  228. PLACI home, form  (Hour) 22E.IN. WHILE	Arterio  CH OPERATION WA  E OF INJURY(e.g., , foctory, street, office  JURY OCCURRED  NOT	In or obout 22C. WHERE INJURY OC	E DID (If in Boltimor CUR?	21. re City, give exoct loc	AUTOPSY? (Yes or N YES
MEDICAL C	OTHER SIGNIFICANT TO THE DEATH BUT POSSESSE OR CONDITION OF THE DEATH BUT POSSESSE OR CONDITION OF THE	II CONDITIONS CONT NOT RELATED TO THE ON GIVEN IN PART IION 208. CONDIT USE WAS ONTRIB- DEATH.	1 (A).  TON FOR WHICE  228. PLACT home, form  (Hour) 22E. IN.	Arterio  CH OPERATION WA  E OF INJURY(e.g., foctory, street, office	In or obout 22C. WHERE INJURY OC	E DID (If in Boltimor CUR?	21. re City, give exoct loc	AUTOPSY? (Yes or N
MEDICAL C	OTHER SIGNIFICANT TO THE DEATH BUT IN DISEASE OR CONDITION OF THE DEATH BUT IN DISEASE OR CONDITION OF THE DEATH BUT IN DISEASE OR CONDITION OF THE DEATH BUT IN DISEASE OR THE D	II CONDITIONS CONT NOT RELATED TO THE ON GIVEN IN PART IION 208. CONDIT USE WAS ONTRIB- DEATH.	22B. PLACI home, form (Hour) 22E. IN. WHILE M. WORK	Arterio  CH OPERATION WA  E OF INJURY(e.g., , foctory, street, office  JURY OCCURRED  AT NOT AT W	In or about 22C. WHERE bldg., etc.) INJURY OC	E DID (If in Baltimat CUR? DID INJURY OCCU	e City, give exact loc	AUTOPSY? (Yes or N YES
MEDICAL C	OTHER SIGNIFICANT TO THE DEATH BUT IN DISEASE OR CONDITION OF THE DEATH BUT IN DISEASE OR CONDITION OF THE DEATH BUT IN DISEASE OR CONDITION OF THE DEATH BUT IN DISEASE OF THE DEATH BUT IN DEATH BUT IN DISEASE OF THE DEATH BUT IN DISEASE OF THE DEATH BUT IN DISEASE OR THE DISE	II CONDITIONS CONT NOT RELATED TO THE ON GIVEN IN PART IION   208. CONDIT  ISE WAS ONTRIB- DEATH. (Doy) (Year)  I held on Inqui	1 (A).  228. PLACI home, form  (Hour) 22E. IN.  WHILE WORK	Arterio  CH OPERATION WA  E OF INJURY(e.g., , foctory, street, office  JURY OCCURRED  AT	In or about 22C. WHERE bldg., etc.) INJURY OC 22F. HOWE CORK Ond the	E DID (if in Baltimar CUR? DID INJURY OCCU t on this basis,	e City, give exact loc IR? death In my opin	AUTOPSY? (Yes or N YES
MEDICAL C	OTHER SIGNIFICANT TO THE DEATH BUT IN DISEASE OR CONDITION OF THE DEATH BUT IN DISEASE OR CONDITION OF THE DEATH BUT IN DISEASE OR CONDITION OF THE DEATH BUT IN DISEASE OF THE DEATH BUT IN DEATH BUT IN DISEASE OF THE DEATH BUT IN DISEASE OF THE DEATH BUT IN DISEASE OR THE DISE	II CONDITIONS CONT NOT RELATED TO THE ON GIVEN IN PART IION 208. CONDIT USE WAS ONTRIB- DEATH. (Doy) (Year)	1 (A).  228. PLACI home, form  (Hour) 22E. IN.  WHILE WORK	Arterio  CH OPERATION WA  E OF INJURY(e.g., , foctory, street, office  JURY OCCURRED  AT   NOT   AT W  Pection   Aut	In or about 22C. WHERE bldg., etc.) INJURY OC	E DID (If in Baltimar CUR? DID INJURY OCCU t on this basis, Undetermin	e City, give exact loc	AUTOPSY? (Yes or N YES
MEDICAL C	OTHER SIGNIFICANT TO THE DEATH BUT IN DISEASE OR CONDITION OF THE DEATH BUT IN DISEASE OR CONDITION OF THE DEATH BUT IN DISEASE OR CONDITION OF THE DEATH BUT IN DISEASE OF THE DEATH BUT IN DEATH BUT IN DISEASE OF THE DEATH BUT IN DISEASE OR THE D	II CONDITIONS CONT NOT RELATED TO THE ON GIVEN IN PART IION   208. CONDIT  ISE WAS ONTRIB- DEATH. (Doy) (Year)  I held on Inqui	1 (A).  228. PLACI home, form  (Hour) 22E. IN.  WHILE WORK	Arterio  CH OPERATION WA  E OF INJURY (e.g., , foctory, street, office  JURY OCCURRED  AT   NOT   AT W  Pection   Autent   Suicid	In or about 22C. WHERE bldg., etc.) INJURY OC 22F. HOWE CORK Ond the CHIEF MED	E DID (If in Baltimar CUR? DID INJURY OCCU t on this basis, Undeterminated	death In my opin	AUTOPSY? (Yes or N YES cotion)
MEDICAL C	OTHER SIGNIFICANT TO THE DEATH BUT IN DISEASE OR CONDITION TO THE DEATH BUT IN DISEASE OR CONDITION TO THE DEATH BUT IN DISEASE OR CONDITION TO THE DISEASE OR CONDITION TO THE DEATH OF INJURY (APPROX.)  23.  I certify that resulted from ACTUAL SIGNATURE	II CONDITIONS CONT NOT RELATED TO THE ON GIVEN IN PART IION   208. CONDIT  ISE WAS ONTRIB- DEATH. (Doy) (Year)  I held on Inqui	1 (A).  228. PLACI home, form  (Hour) 22E. IN.  WHILE WORK	Arterio  CH OPERATION WA  E OF INJURY(e.g., , foctory, street, office  JURY OCCURRED  AT	In or about 22C. WHERE bidg., etc. INJURY OC 22F. HOWE ORK ON the Homicide CHIEF MED ASSISTANT MED	E DID (if in Boltimor CUR? DID INJURY OCCU t on this basis, Undeterminated EXAMINER DICAL EXAMINER	death In my opin	AUTOPSY? (Yes or N YES
MEDICAL C	OTHER SIGNIFICANT TO THE DEATH BUT IN DISEASE OR CONDITION OF THE DEATH BUT IN DISEASE OR CONDITION OF THE DEATH BUT IN DISEASE OR CONDITION OF THE DEATH BUT IN DISEASE OF THE DEATH BUT IN DEATH BUT IN DISEASE OF THE DEATH BUT IN DISEASE OR THE D	II CONDITIONS CONTINOT RELATED TO THE ON GIVEN IN PART IION 208. CONDIT ISE WAS ONTRIB- DEATH. (Doy) (Year)  I held on Inquise. Notural chuses.	TERMINAL   1 (A).   1 (A).	Arterio  CH OPERATION WA  E OF INJURY (e.g., , foctory, street, office  JURY OCCURRED  AT NOT AT W  Pection Au  ent Suicid  M.D.	In or about 22C. WHERE bldg., etc.) INJURY OC 22F. HOW E CORK CHAPTER ASSISTANT MED ASSOCIATE MED	E DID (If in Baltimar CUR? DID INJURY OCCU t on this basis, Undeterminated to the control ICAL EXAMINER DICAL EXAMINER	death In my opin	AUTOPSY? (Yes or No YES
MEDICAL C	OTHER SIGNIFICANT TO THE DEATH BUT IT DISEASE OR CONDITION OF THE DISEASE OR CONDITION OR CONDITION OF THE DISEASE OR CONDITION OR CONDITI	II CONDITIONS CONTINOT RELATED TO THE ON GIVEN IN PART IION 208. CONDITION ISE WAS ONTRIB- DEATH. (Doy) (Year)  I held on Inqui: Notural causes  Isidore M:	TERMINAL   1 (A).   1 (A).	Arterio  CH OPERATION WA  E OF INJURY (e.g., , foctory, street, office  JURY OCCURRED  AT NOT AT W  Pection Au  ent Suicid  M.D.	In or about 22C. WHERE bldg., etc.) INJURY OC 22F. HOW E CORK CHAPTER ASSISTANT MED ASSOCIATE MED	E DID (if in Boltimor CUR? DID INJURY OCCU t on this basis, Undeterminated EXAMINER DICAL EXAMINER	death In my opin	AUTOPSY? (Yes or N YES
MEDICAL CI	OTHER SIGNIFICANT TO THE DEATH BUT IN DISEASE OR CONDITION OF THE PROPERTY OF	II CONDITIONS CONTINOT RELATED TO THE ON GIVEN IN PART IION 208. CONDIT ISE WAS ONTRIB- DEATH. (Doy) (Year)  I held on Inquise. Notural chuses.	TERMINAL   1 (A).   1 (A).	Arterio  CH OPERATION WA  E OF INJURY (e.g., , foctory, street, office  JURY OCCURRED  AT NOT AT W  Pection Au  ent Suicid  M.D.	In or about 22C. WHERE bldg., etc.) INJURY OC 22F. HOW E CORK CHAPTER ASSISTANT MED ASSOCIATE MED	E DID (If in Baltimar CUR? DID INJURY OCCU t on this basis, Undeterminated to the control ICAL EXAMINER DICAL EXAMINER	death In my opin	AUTOPSY? (Yes or N YES cotion)
MEDICAL C	OTHER SIGNIFICANT TO THE DEATH BUT IT DISEASE OR CONDITION OF THE DISEASE OR CONDITION OR CONDITION OF THE DISEASE OR CONDITION OR CONDITI	II CONDITIONS CONTINOT RELATED TO THE ON GIVEN IN PART I IION   208. CONDIT IION   208. CONDIT IION   (Pear)  I held on   Inqui I held on   Inqui I hotural causes  I sidore M.   248. DATE	1 (A).  22B. PLACI home, form  (Hour) 22E.IN.  WHILE WORK  Iry Institute ihalakis 24C. NA	Arterio  CH OPERATION WA  E OF INJURY (e.g., foctory, street, office  JURY OCCURRED  AT NOT AT W  Pection Aut  Aut  And Suicid  M.D.  M.D.  M.D.  M.D.  M.D.  M.D.  M.D.	In or about 22C. WHERE bldg., etc.) INJURY OC 22F. HOW E CORK CHAPTER ASSISTANT MED ASSOCIATE MED	E DID (If in Baltimar CUR? DID INJURY OCCU t on this basis, Undeterminated to the control ICAL EXAMINER DICAL EXAMINER	death In my opin	AUTOPSY? (Yes or N YES cotion)
MEDICAL C	OTHER SIGNIFICANT TO THE DEATH BUT IT DISEASE OR CONDITION  20A. DATE OF OPERAT  22A. EXTERNAL CAU UNDERLYING OR CO UTING CAUSE OF IT  22D. TIME (Month) OF INJURY (APPROX.)  23.  I certify that resulted from  ACTUAL SIGNATURE EXAMINER'S NAME (Type)  A. BURIAL CREMATION, MOVAL (Specify)	II CONDITIONS CONTINOT RELATED TO THE ON GIVEN IN PART IION 208. CONDITION USE WAS ONTRIB- DEATH. (Doy) (Year)  I held on Inquil: Notural causes  I Sidore M: 248. DATE	TERMINAL   1 (A).   1 (A).	Arterio  CH OPERATION WA  E OF INJURY (e.g., foctory, street, office  JURY OCCURRED  AT NOT AT W  Pection Aut  Aut  And Suicid  M.D.  M.D.  M.D.  M.D.  M.D.  M.D.  M.D.	In or about 22C. WHERE bldg., etc.) INJURY OC 22F. HOW E CORK CHAPTER ASSISTANT MED ASSOCIATE MED	E DID (If in Baltimar CUR? DID INJURY OCCU t on this basis, Undeterminated to the control ICAL EXAMINER DICAL EXAMINER	death In my opin	AUTOPSY? (Yes or N YES cotion)



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

-	2		BALTIMORE CITY	HEALTH DEPARTMI	ENT	00	4.0 4 100 4
BIR	K-200 69 1	1317	CERTIFICA	TE OF DEA	TH REG. NO	69	13174
1. N (Ty)	AME OF DECEASED  De or Beatrice RICE			2. D	11/23/69	H	11:55 m M
3.	PLACE IN BALTIMORE, MARYLAND, WHI	ERE PRONOL	INCED DEAD		E (Where deceased lived. If	institution: re	sidence before odmission)
HC	LL NAME OF (IF NOT IN HOSPITAL DSPITAL OR ADDRESS OR LOCATI STITUTION	OR INSTITU	JTION, GIVE STREET	Marylan		ISIDE CITY LY	MITS?
1	The Johns Nopkins No	enite'	3	Baltimo		YES 🔽	NO 🗌
3	3	A P T COL.		E. STREET AND NUM 2041 L1	ewelyn Avenu	le	
5.		MARRIED [	NEVER MARRIED DIVORCED	12/14/25	9. AGE (In years lost birthdoy)	If Under Months	1 Yr. If Under 24 Hrs. Doys Hours Min,
	USUAL OCCUPATION (Give kind of work 10 e during most of working tife, even if retired)	B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign cauntry)	12. CITIZ	EN OF WHAT COUNTRY
13.	FATHER'S NAME	3		14. MOTHER'S MAID	EN NAME	•	
15. (Ye	Was Deceased Ever in U. S. Armed Forces, no arunknown (Iff yes, give war or dates	s? of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
	18. 4/ > / /		CAUSE OF DEATH	H			APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRE	CTLY					
	LEADING TO DEATH	wine on	(A) IMMEDIATE CAU	SE Meningiti	s, preumococc	al	few days
	(This daes not mean the mode of d heart failure, asthenia, etc. It means th	e diseose,	DUE TO, OR AS	A CONSEQUENCE OF:			
	injury or complication which caused d	eath.)	Dwg				£
	ANTECEDENT CAUSES		(8)	A CONSEQUENCE OF	buenwouls		few weeks
	DISEASES OR CONDITIONS, if an rise to the above cause (A) s UNDERLYING CONDITION last.		(C)	A CONSEQUENCE OF			
	11						
ATION	OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART T	TERMINAL	Cachexia	, dehydrat	ion		
CERTIFIC	19A. DATE OF OPERATION 19B. CONDI	TION FOR V	WHICH OPERATION	YES	IN CERTIFYING C	E FINDINGS AUSES OF E	CONSIDERED NO
CAL CE	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominet)	21 B. hom etc.)	PLACE OF tNJURY (e.g., i e, form, foctory, street, of	n oi obout 21 C. WHERE INJURY OC	DID (If in Boltim	ore City, give	e exact location)
MEDI	21 D. TIME (Month) (Doy) (Year) OF INJURY	(Hour) 21 E.	INJURY OCCURRED	21F. HOW [	DID INJURY OCCUR?		
2	(APPROX.)	Whi	le At Not Whit	e 🔲			
	22. I certify that (I) (this haspital)	attended ti	he deceased fram		19ta		19
	that (i) (we) last saw the deceased			19		pinian deat	
	and have and from the causes stated						
	23A. SIGNATURE		, , , , , , , , , , , , , , , , , , , ,			238. DAT	E SIGNED
	Max H.	Le -	AAIA DL.	nding Med.	Staff Phys.	11/2	4/69
	23C. PHYSICIAN'S NAME (Type) Richard Ra	wey Gl	DEGREE	MATOMY	BOARD OF M	ARYL	AND
24/	A. BURIAL CREMATION, 248. DATE REMOVAL (Specify)		GEGREE AME of CEMETERY OF CR	ONNS HOP	KINSTIMEDIC	A'L tow St	CHOOL (Stote)
25	DATE BECOD BY HEALTH DEET	C NAME OF	NE RECISTRAP	OSC BURNERAL TO	NECTOR .		ADDRESS
10	N 7 1970 Pale & C. Ja	Ben M	A9 OMOR	LUARY SE	RVICE - BCI	HD	VDD1622
			And the same of th	10 May 1		-	



C-456 BIRTH NC. 68		13175 EDICAL	BALTIMORE CITY HE.			DEAT	H REG. NO	69	13175
I. NAME OF DECE	ASED			2. DATE	Knawn 🗌	Month	Doy	Yeor	Hour
			. COLLINS	OF DEATH	Estimated 🗆	12	18	69	1:45 p M.
FULL NAME OF			ONOUNCED DEAD	3. DATE	INCED DEAD	Manth	Day	Yeor	Haur
HOSPITAL OR INSTITUTION	ADDRESS OR L	OCATION)	TITUTION, GIVE STREET			Decembe		1969	1:45 pX M.
211				5. USUAL RE	SIDENCE (Wher	e deceased li	B. COUNTY	residence b	efare admission)
	Secours 1				Mary1a	nd			701
6. SEX 7	7. RACE		IED NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CIT	Y LIMITS?	
	Negro	WIDOW			Lto.		YE	s 🗆 🕦	10 🗆
9. DATE OF BIRTH	last bir	E (In years thday)	Il Under 1 Yr. Il Under 24 Hrs. Manths   Days   Haurs   Min.	E. STREET A	ND NUMBER				
II DIDTUDI ACE/C		2			N. Mount	St.			
11. BIRTHPLACE (Sto	ite or tareign count	гү)	12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S	S NAME				
dane during most of wo	ATION (Give kind al v rking life, even if retir	work 148. KIND red)	OF BUSINESS OR INDUSTRY	15. MOTHER	'S MAIDEN NA	ME			
ió. WAS DECEASED	EVER IN U.S. AR	MED FORCES	77. SOCIAL SECURITY NO.	18. INFORM	IANT	h//	AC	DRESS	
OTHER SIGNIF	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart loilure, asthenio, eic. it means the diseose, injury or camplication which caused death.)  ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (A) IMMEDIATE CAUSE Sudden death in infancy DUE TO, OR AS A CONSEQUENCE OF:  (B) DUE TO, OR AS A CONSEQUENCE OF:  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL								
20A. DATE OF	OPERATION 208.	CONDITION	FOR WHICH OPERATION WA	S PERFORMI	ED			21. AUTOP	SY? (Yes or Na)
								YE	S
22A. EXTERNA UNDERLYING UTING CAUS 22D. TIME			228.PLACE OF INJURY(e.g., home, form, factory, street, affice	in ar about 22 bldg., etc.) IN	IJURY OCCUR?	(If in Boltimor	e City, give exac	t location)	
22D. TIME (M OF INJURY (APPROX.)			) 22E.INJURY OCCURRED. WHILE AT WORK NOT AT W	WHILE	F. HOW DID IN	JURY OCCL	JR?		
23.									1
	1 certify that I held on Inquiry Inspection Autopsy XX and that on this basis, death in my opinion resulted from: Notwral courses XX Accident Suicide Homicide Undetermined monner								
ACTUAL SIGNATUR	ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER XX						DATE SIGNED		
EXAMINER NAME (Type	101			ASSO	CIATE MEDICAL E	XAMINER			
24A. BURIAL CREMA REMOVAL (Specify)	TION 1248 DAT		halakis M.D.	NATOR	AY BO'A	LOCATION	Meiny few h	19/69 LAN	(State)
JAN 7	JAN 7 1970 July E Name of REGISTRAR UNIVERSAL DIRECTOR DICAL SCADORISE								
VS 151-REV. 1/1/68			<del>5 7 0 ""</del>	0	1 0	11.5	RCIII		

: med Exam. said child wed 2 yes old - P. m. 1-8-69

	00 10100	
6-112	69 13176	BALTIMORE CITY HEALTH DEPARTMENT
0.000	MEDICAL	EXAMINER'S CERTIFICATE OF DEAT

E	BIRTH NO.						361(1111	CALL OF	DLA	REG. NO		201/0
	I. NAME OF DECEASED (Type or Print)						2. DATE	Known 🔲	Month	Doy	Year	Hour
	GEORGE SHARROCK, JR.						OF DEATH	Estimoted				
4	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD					3. DATE		Month	Day	Year	Hour M.	
H	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)					UNCED DEAD		er 9,19	69	5:28 P. M		
	COLUMN	T DAT MO	OTIATI	D 4 ~ .		D=m+= (	A. STATE	RESIDENCE (When		ed, If institution B. COUNTY	: residence	before odmission)
6		A BALTO	• GENE					Marylan	d		22	01
11					-	NEVER MARRIED	C. CITY O	RIOWN		D. INSIDE CI	TY LIMITS?	
ll-e	Male		ite	WIDOY	بيراكن الما	TITORELD L.		imore		YE	s 🔲	NO 🗆
11	DATE OF BIRTH		10. AGE (Ir last birthda	yeors	Month	der I Yr. II Under 24 Hrs. 1s : Doys : Hours : Min.	E. STREET	AND NUMBER				
1	PIDTION A CC (C.			41				Light Str	eet			
1	. BIRTHPLACE (SI	ole or lorelga	n country)			THAT COUNTRY?	13. FATHER	'S NAME				
t 4 do	A.USUAL OCCUP ne during most of wo	ATION (Give	kind of work	48. KIND	OF B	USINESS OR INDUSTRY	15. MOTH	R'S MAIDEN NA	ME			
14	. WAS DECEASE	D EVER IN I	I C ADASED	FORGE								
(1)	es, no or unknown)(	(Il yes, give w	or or doles	of service	3'	SECURITY NO.	18. INFOR	MANI		At	DRESS	
	19. 4/2	2-/-1				CAUSE OF DEAT	н					PROXIMATE INTERVAL
1		OR CONDI		TLY		Arterio	sclero	tic Cardio	ovascul	ar Dise	ase	
		EADING TO		na. e.a		(A)IMMEDIATE C	AUSE					
	(This does not heart loilure, of injury or comp	osthenio, etc.	It means the	disease,		DUE TO, OR A	S A CONSEC	QUENCE OF:				
				,							10	
1		TECEDENT C		CIVING		(B) DUE TO, OR	5 1 00					***************************************
	DISEASES OF	ABOVE CAU	SE (A) STAT	ING THE		DUE 10, OK 7	AS A CONSE	QUENCE OF:				
Z	UNDERLYING	G CONDING	ON LASI.			(c)						
CERTIFICATION	OTHER SIGNII	H BUT NOT	DITIONS CO	HE TERMI	INIAL							
ZTIF	DISEASE OR C	OPERATION	IVEN IN PA	RT 1 (A)-	FORM	HICH OPERATION WA				***************************************		************
E C	DAIL OF	OI EKANON	200. CON	DINON	rok w	THICH OPERATION WA	5 PERFORM	/ED			21. AUTO	PSY? (Yes or No)
7	22A. EXTERN	AL CAUSE Y	IAC.		000 00						ye	S
EDIC	UNDERLYING	OR CONT	RIB-		home,	ACE OF INJURY (e.g., i form, foctory, street, office	bldg., etc.)	NJURY OCCUR?	(il in Boltimore	City, give exoc	t locotion)	
2	OF INJURY	tonth) (Do	y) (Yeor)	(Hour		ILE AT NOT		2F. HOW DID IN.	JURY OCCU	R?		
	(APPROX.)				m. WC	ORK AT WO	ORK					
		y that I he	ld on In	quiry [	7	Instruction Co. Aug						
		d from: Ne					opsy X	and that on th				
	resulte	d from: ING	TOTAL COUR	es [-4	AC	cident D Suicide				ed manner	1	
	ACTUAL	11 %	, /	111	/	11		CHIEF MEDICAL E	7			DATE SIGNED
	SIGNATURE MILE M.D.						STANT MEDICAL E		K.			
	NAME (Ty		onald 1	N. Ko	rnb	lum, M.D.	ASSO	CIATE MEDICAL E	XAMINER L		2/10/	69
24 RE	A. BURIAL CREMA	ATION) 241	B. DATE	70	24C.	NAME of CEMETERY	ACREMATO.	MY Bank	OCATION	(City, town)	0 594	(Stote)
25	A. DATE REC'D B	Y HEALTH DI	PT.		AME-C	E RÉGISTRAR	NI PSC	UNERAL DIRECTO	EDICK	PIPOR	IAN VI	14.
J	an 7 To	1 068	CAB E. V	a free	, Ale	Ban C	-	NET 1 CO. DO		AU AU	DVE22	
VS	151-REV. 1/1/68				S. reflecting	7	F 13 1	HARVOS	1417	T D	CHR	

) = 44	BALTIMORE CITY	HEALTH DEPARTMENT		69 13177
W-300 69 1317	CERTIFICA	TE OF DEATH	REG. NO	00 1011
BIRTH NO.	,		AND HOUR OF DEATH	
(Type of Print) Robert White			December 69	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRON	OUNCED DEAD			institution: residence before admission)
3. PLACE IN BALLIMORE MARILAND, WHERE FROM	OUNCED DEAD	A. STATE B. CO		900
FULL NAME OF (IF NOT IN HOSPITAL OR INST	TITUTION, GIVE STREET	Maryland	1	833
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INS	SIDE CITY LIMITS?
		Baltimore		YES X NO
3 The Johns Hopkins H	ospital	E. STREET AND NUMBER		
			lton Avenue	
5. SEX 6. RACE 7. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	12-28-1920	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired)				
construction work		Georgia	1 4 1 4 5	US
13. FATHER'S NAME		14. MOTHER'S MAIDEN	YAME	
Fddio Whites		KATIPS TO	2V/Dn	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or dates of service	1 6. SOCIAL	TO INFORMANT	7,100	ADDRESS
No	SECURITY NO.	Erralem Charac	2002 1007 2009	
	CAUSE OF DEAT	Evelyn Sherr	man, niece	APPROXIMATE INTERVAL
18.560,71+300,2	CAUSE OF DEAT			BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		SE Aspiration	nneimonia	24 hour
(This does not mean the made of dying, e.	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	bueomonis	
heart failure, asthenia, etc. It means the diseast injury or camplication which caused death.)	se,			Approx
ANTECEDENT CAUSES		Duckskie	. 11	1-2 days
	(B)	A CONSEQUENCE OF:	mall bowel ob	struction
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the		A CONSEQUENCE OF:		
UNDERLYING CONDITION last.	(C)			
11				
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	•	coholism, nuti		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART 1 (A).	anemias, g	ram negative p		
19A. DATE OF OPERATION 19B. CONDITION FO WAS PERFORMED	R WHICH OPERATION		No) 208, IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
U 21 A. ACCIDENT WAS UNDERLYING 2	18. PLACE OF INJURY (e.g., i	NO	) (If in Boltima	ore City, give exoct location)
OR CONTRIBUTING CAUSE OF	ome, lorm, factory, street, o	ffice bldg., INJURY OCCUR	?	ore diff give exect tocolon
	(IG.)			
OF INJURY	1E. INJURY OCCURRED		INJURY OCCUR?	
<   (A DDD CV)	While At Not While Work At Work	• 🗆		
22. I certify that (1) (this hospital) oftended	I the deceased from	22 Dec	169 to 2	9 Dec 196
that (I) we) last sow the deceased alive or				- ,
				orman death accorred on the date
ond hour ond from the couses stoted obove.	(I) (We) (did) (did not) v	riew the body ofter dec	th.	leed Bass elevise
23A. SIGNATURE	A	nding Med.	Shell [7]	23 B. DATE SIGNED
W- J. Kozen M.	DEGREE Phy		Staff Phys.	29 Dec 69
23C. PHYSICIAN'S NAME (Type) W. J. Rogers MD		Johns Hopkin	ns Hospital	
CAA RUBIAL CREATATION CAR SATE	DEGREE CEAASTERY CR			City town or country (Sec.
24A. BURIAL CREMATION, 24B. DATE 24C. REMOVAL (Specify)	NAME of CEMETERY OF CR	24L	LOCATION (	City, town, or county) (State)
Burial 1-3-70 M	to Auburnel	enezenv /	altimore.	Nd.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAM	OF REGISTRAR	2SC FUNERAL DIREC	TOR ON A	ADDRESS
MANY 1970 CR 00 2006	E8 0 0 1	Kari dalali 1	Jor lerk 24	318,00 , was St.
VS 150-REV. 1/1/68	76.5	- Aller		

Adie White Starson

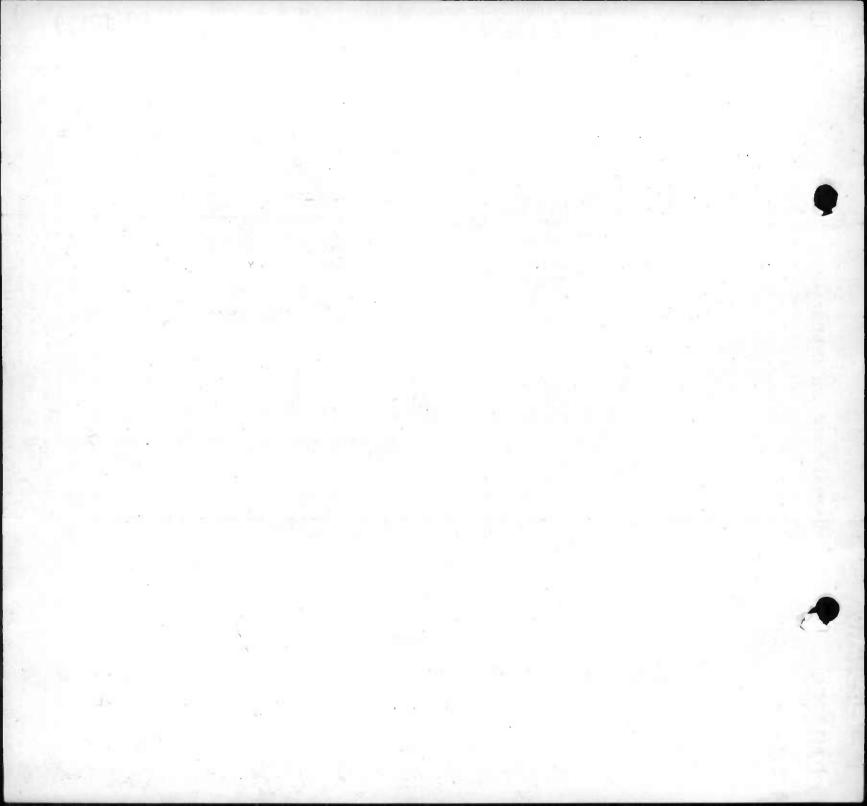
Land John Marker Williams of Contract of State of State of Contract of Contrac

11	I nell	LTIMORE CITY	HEALTH DEPARTMENT		00 40450
11/	7-240 69 13178 CE	ERTIFICAT	E OF DEATH	REG. NO	69 13178
	RTH NO.			HOUR OF DEATH	
	rpe or Printly	_ / _	12 /2 /	HOUR OF DEATH	1,3300
2	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DI	2916	4. USUAL RESIDENCE (Where	deceased lived. If in-	titution: residence before odmiss
٥.	TEACE IN BACHMORE MARIEAND, WHERE TRONGONCED DI		A. STATE B. COUNTY	2	1 1 171
FU	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GI	1	Balto. Cet	1/10	1. 2//
	STITUTION		C. CITY OR TOWN		DE CITY LIMITS?
5	14		Dalton o	72	YES NO .
	Main Man - 0 1has	<b>D</b>	1/1/10 / C-O	115 8	d
5. 5	SEX 6. RACE 7. MARRIED NEVER	R MARRIED 8	DATE OF BIRTH 19.	AGE (In years	If Under 1 Yr. If Under 24
	THARRIED THEVER	DIVORCED	1-4-96 10	t birthday	Months Days Hours Mi
IÓA	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS		1. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUN
don	ne during most of working life, even if retired)		$m \perp$		U.S.A.
10	HOUSEWIFE		1110.		U. J.F1.
13.	FATHER'S NAME	l'	4. MOTHER'S MAIDEN NAME		
(	Edward M SPATH		LAURA HI	JHON	
	Wos Deceased Ever in U. S. Armed Forces?  16. SOCI	AL IRITY NO. B	7. INFORMANT		ADDRESS
	1/0 - 7/6/	13 9425	GEORGE EYE	agle 4	401 FAIls Ro
-	18. // / O U1 CAI	USE OF DEATH		- 1	APPROXIMATE INTERV
	DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND D
	LEADING TO DEATH	IMMEDIATE CAUS	Cordine	anes	T / hou
	(This daes not mean the mode of dying, e.g., heart failure, osthenia, etc. It means the disease,		CONSEQUENCE OF:		
	injury or complication which caused death.)				
	ANTECEDENT CAUSES	Micac	ardial J	whent	
	DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS A	CONSEQUENCE OF:	1	
	rise la lhe abave cause (A) stoling the UNDERLYING CONDITION last, (C)	N. S.	CVD		
		)/			
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	5 7 0	W OF	M	0
ATION	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ) (A).	SIRC	1/2 - KI	Hemi	plegia
FICA	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OF	PERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE F	NDINGS CONSIDERED
CERTIFIC	WAS PERFORMED			IN CERTIFYING CAU	SES OF DEATH?
	OR CONTRIBUTING TO CAUCE OF	F INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Boltimore	City, give exoct location)
CAL	DEATH (notify medical examiner) etc.)	ocioty, sireet, offic	ough Haroki Occok:		
ā	21D. TIME (Month) (Day) (Year) (Hour) 21E INTILEY (	OCCURRED	21F. HOW DID INJUR	Y OCCUR?	
ME		Not While			
	Work 🗀	At Work			
	22. I certify that (1) (this hospital) attended the decease		19	to	19
	that (I) (we) last sow the deceased alive on		19and that	in(my) (our) opin	ion deoth occurred on the
	and haur and from thereouses stoted obove. (1) (We) (d	ld) (did not) vie	w the body ofter deoth.		
	23A. SIGNATURE				23B, DATE SIGNED
	W.MEIER	- H.D Attend	ding Med. St Director Ph	off ys. 🗷	1-1-70
	23C. PHYSICIANS	OEGREE 23	D. ADDRESS	,	1 10
	NAME (Type)				
244	A. BUR) AL CREMATION, 248. DATE 24C. NAME of CE	GEGREE EMETERY OF CREA	NATORY 24D. LOC	ATION ICIA	, town, or county) (Sto
_ ,,	REMOVAL (Specify)	D 1	- 0		N1 /
	BURIAL 1-3-70 VRUID	KIOGE		7 1 to Cc	
254	A. DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTR	RAR	25C. FUNERAL DIRECTOR		ADDRESS 3651
	JAN 8 1800 UNDER T 9 3 4	001	BURGERIF	UNERNI	HOME PAILS
S	150-REV. 1/1/6B		Herrica 118	cuy a gr	

Education of the state of the s indiac arrivat 1 hours M. orandoral tupout -V-2.CAD -STEOKE - RT Herm plears (4-14-35-14-W) /

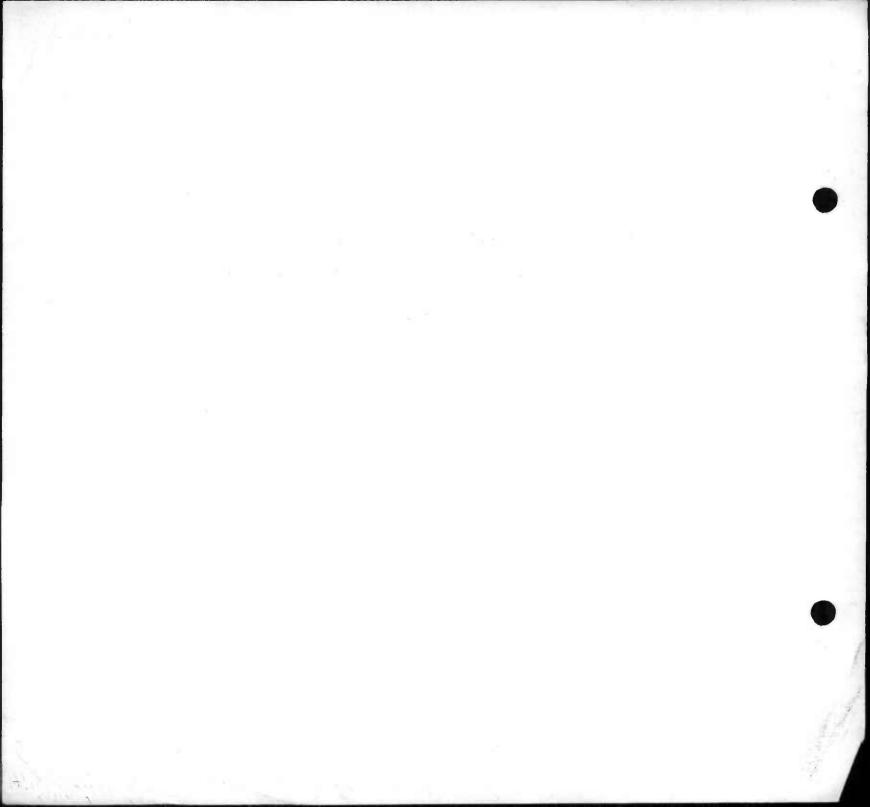
approved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A tracture of any kind; (4) Underermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
istant if death occurre	death was in regu	inal disposition is m
examiner or his ass examiner. Also, if 1	3) A tracture of any n who pronounced	deceased prior to death); and (6) No physician was in regular attendance on the deceased pr written approval must be obtained before the remains are embalmed or final disposition is made.
by the chief medical ital by a medical	vhere the physiciar	No physician was I before the remains
must be approved b	hospital (except v	to death); and (6) al must be obtained
This certificate must be a the body was released to	shows: (1) An ac was D.O.A. at a	deceased prior written approve

BALTIMORE CIT	Y HEALTH DEPARTMENT
5-152 69 13179 CERTIFICA	ATE OF DEATH X REG. NO. 69 13179
BIRTH NO.  1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or Print) Lee Shencer	12-30-69 12-15 DM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	MARYLAND CHARLES 5 8
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Johns Hopkins Hospital	WALDORF YES NO X
33	E. STREET AND NUMBER BOX 155
5. SEX   6. RACE   7. MARRIED   NEVER MARRIED	B, DATE OF BIRTH 9. AGE (In years   If Under 1 Yr. , If Under 24 Hrs.
S. SEX   S. RACE   7. MARRIED   NEVER MARRIED       MALE   NEGRO   WIDOWED   DIVORCED	3-19-27 lost birthdoy Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Tobacco worker Tobacco	Morth CARolina USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
BOOKER SPENCER	EVA MALLOY
15. Wos Deceosed Ever in U. S. Armed Forces?   16. SOCIAL   (Yes, no or unknown) (If yes, give wor or dotes of service)   SECURITY NO.	17. INFORMANT ADDRESS
NO 244 34 0498	NATHE SPENCER WIFE N.C.
18. 160,9 1 320,9 CAUSE OF DEAT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY	
(This does not meen the made of dying, e.g., DUF TO OR AS	USE CARALO - US D QUELL
heart foilure, osthenia, etc. It means the disease, injury or complication which caused death.)	,
ANTECEDENT CAUSES	a sa a itis
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR A	1 Mg 1 T'S 3 clays
lying to the chara cause (A) stating the	sinus Carcinoma c extension 5 mos
UNDERLYING CONDITION IOSI, (C) TON	Sinus yarandro Certension o was
Z OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
8-69 Pansmus Coreinin	Yes no.
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21C. WHERE DID  (If in Boltimore City, give exact location)  office bldg  INJURY OCCUR?
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY While At   Not Whi	
VYOR AT VYOR	
22. I certify that (b) (this haspital) attended the deceased from	
and haur and fram the causes stated above. (We) (did) (did) (23A. SIGNATURE	view the bady dfter death.    238, DATE SIGNED
AHD () AHD AH	ending Med. Stoff C
23C, PHYSICIAN'S Ph	ys. Director Phys. 72-30-69
STEPHEN VANDERVEEN M.D.	THE JOHNS HOPKINS HOSPITAL
DEGREE	
REMOVAL (Specify)	None To PD-2010 PACE
25A. DATE REC'D BY MEALTH DEPT 25B NAME OF REGISTRAR	25C FUNERAL DIRECTOR ADDRESS (1)
JAN 8 HOU WARE STATE AND VOCAL	acon Tolalvan Rout 234 on
VS 150-REV. 1/1/6B	NALVAN



was D.C.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

1 - 425	BALTIMORE CITY	HEALTH DEPARTMENT		5.9
BIRTH NO. 69 131	80 CERTIFICA	TE OF DEATH	REG. NO	69 13180
1. NAME OF DECEASED			HOUR OF DEATH	
CType or Print) LOUIS ME	LSON	12-	27-69	1 11 5 2 4
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR		4. USUAL RESIDENCE (Where	deceased lived. If insti	Iution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR II	NSTITUTION, GIVE STREET	1		2.201
HOSPITAL OR ADDRESS OR LOCATION		c. CITY OF TOWN	D. INSIDI	E CITY LIMITS?
4.3	**	Ball inace		YES NO
Deeuth Bullinen the	neual Haspital	E. STREET AND NUMBER	// 4	
	*	802 Leader	Hall St.	21230
5. SEX 6. RACE 7. MAR	RIED X NEVER MARRIED	8. DATE OF BIRTH 9.	AGE (In years st birthday) 52	If Under 1 Yes . If Under 24 Hrs. Months Doys Hours Min.
m Negre wido				
10A. USUAL OCCUPATION (Give kind of work 10B. KIN dane during most of working life, even if refired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign	n country!	12. CITIZEN OF WHAT COUNTRY
	perbox Factor	V Virginia		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
John Nelson		Mary Robin	nson	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of serv	1 6. SOCIAL	IZ. INFORMANT		ADDRESS
the control of the co		William Nels	son 834	Lemon Street
no	217-09-032			
18. 3 7 3 9 1	CAUSE OF DEAT	н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		ISE asprination I	5	
(This does not mean the mode of dying.	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	neumini 4	
heart failure, osthenia, etc. Il means the disc injury or camplication which coused deoth.)	eose,	A CONSEQUENCE OF:		
ANTECEDENT CAUSES	11		0	
	(8) / Lyne	glycemic 2	hver_	
DISEASES OR CONDITIONS, if ony, gi	the //	A)CONSEQUENCE OF:	. (2)	
UNDERLYING CONDITION last.	(c) lepa	Aconsequence of the insuffice	ney (.)	
_ II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG			
DISEASE OR CONDITION GIVEN IN PART 1 (A).				
DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19B. CONDITION F WAS PERFORMED  21A-ACCIDENT WAS UNDERLYING 1	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIN	IDINGS CONSIDERED ES OF DEATH?
21 21A. ACCIDENT WAS UNDERLYING	210 01 4 05 05 1010 1011			
OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., i hame, farm, factory, street, a	lice pldg., INJURY OCCUR?	(II in Boltimore C	City, give exact location)
U .	etc.)			
21 D. TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJUI	RY OCCUR?	
(APPROX)	While At Not While At Work			
22. I certify that (1) (this hospital) attend	ed the deceased from	10:30 12-26 19	69 on 11:52	P14. 12-22 19 69
that (1) (we) jost saw the deceased oilve		Z I'M		
			in (my) (aur) opinio	on death occurred on the date
ond hour ond from the causes stated above 23A-SIGNATURE	e. (i) (me) (did) (did not) v	lew the body after deoth.	To.	
01 2 2 2 10 8	Atte	nding Med. S	and the same of th	3B, DATE SIGNED
23C PHYSICIANS	DEGNEE		rys.	12-27-69
23C. PHYSPCIAN'S NAME (Type)		23D. ADDRESS		\
VIRGINIA V. FAUS	to, M.D. DEGREE	Seuth Ballin	are Henen	al Kusmfal
REMOVAL (Specify) 24B. DATE 24	C. NAME of CEMETERY of CRE	MATORY 24D. LOC		town, or county) (State)
Burial 1/7/70	Mt. Auburn	Ba	alto.,Md.	
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME-OF REGISTRAR	25C. FUNERAL DIRECTOR	0 /	) 3 , / ADDRESS
JAN 8 1970 060 E	Valley MD	Burn	Some	- W. Most amaz
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BALTIMORE CITY HEALTH DEPARTMENT

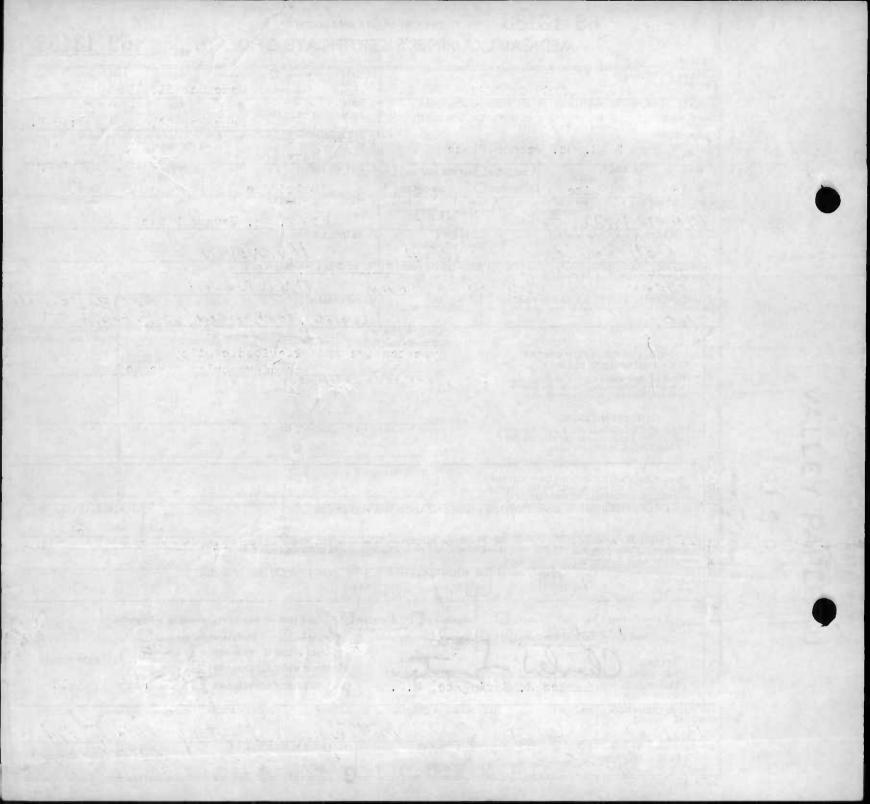
MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 69 13181							31					
BIR	TH NO.		,,,,,,,				0, 1, 1, 0,	D L / ( ) 1	REG. NO.			
1. 1	AME OF DE	CEASED				2. DATE	Known 🔯	Month	Doy	Yeor	Hour	
(Тур	e or Print)		STOCKE	TT D	UVALL	OF DEATH	Estimated		mber 25	. 196		
4. P	LACE IN BA	LTIMORE. M			RONOUNCED DEAD	3. DATE		Month	Doy	Yeor		М.
FULI	NAME OF	(IF N		L OR INS	TITUTION, GIVE STREET	11	INCED DEAD		mber 25			50 A <sub>M</sub>
OR	NSTITUTION	AUUI	KESS OR LOCA	IION)		5. USUAL R	SIDENCE (Where					
1	00	125 W.	Cross	Stree	t	A. STATE	aryland	В	. COUNTY	2	30	1
6. S		7. RACE			RIED NEVER MARRIED	C. CITY OR			D. INSIDE C	ITY LIMITS	?	
,	Male	Neg		WIDOW		T.	altimore		V	ES X	NO 🗆	
	ATE OF BIRT		IIO. AGE (In		If Under 1 Yr. If Under 24 Hrs.	11			1	E2 (AN	NO	
			lost birthdo	1)	Months, Doys, Hours, Min.		25 W. Cro	ss Stre	eet			100
11. E	BIRTHPLACE	(State or lore	ign country)		t2. CITIZEN OF WHAT COUNTRY?	13. FATHER	SNAME					
				4B. KIND	OF BUSINESS OR INDUSTRY	15. MOTHE	R'S MAIDEN NA	ME				
done	during most of	working life, e	wen fretired)			2 1-1	7					19
16.	WAS DECEAS	SED EVER IN	U.S. AR MED	FORCES	S? 17. SOCIAL	18. INFORM	MANT		A	DDRESS		
(Yes	noorunknow	(If yes, give	wor or dotes	ol service	SECURITY NO.	Hila	a Bond	125	Ta7 (7-		Street	
	9.	211			CAUSE OF DEA		a Dona	127	Wall		APPROXIMATE IN	ITERVAL
	9-1 11	1 9					1.		1.		TWEEN ONSET A	ND DEATH
	DISEAS		DITION DIREC	CTLY	Arteriosc	Terotic	cardiova	scular	diseas	e		
	(This does	LEADING T	e mode of dy	ng e.g	(A) IMMEDIATE C		UEW CF OF					
	heart loilur	e, osthenio, el	tc. It meons the	diseose,	DUE TO, OK	AS A CONSEQ	UENCE OF:			Bar.		
	injury or co	mpirconon wi	nich coused dec	m.)								
	A	NTECEDEN	T CAUSES		(B)							
	DISEASES	OR CONDIT	TIONS, IF ANY	GIVING		AS A CONSE	QUENCE OF:					
	UNDERLYI	NG CONDI	AUSE (A) STAT TION LAST.	ING IHE								
Ó.					(c)							
IV	OTHER SIG	NIFICANT CO	II ONDITIONS CO	NTRIBLE	TING							
E I	TO THE DE	ATH BUT NO	T RELATED TO	THE TERM	INAL							
CERTIFICATION					FOR WHICH OPERATION WA	AS DEDECTOR	ED			23 ALIT	OPSY? (Yes o	r Nol
E			11 1200	DINOIN	TOR WHICH OF ERAHOU W	NS FERFORM	20			21. AUI	OF217 (169 0	,, 140)
1	22A. EXTER	DALAL CALIS	T VALA C		200 01 4 6 5 05 11 11 11 11		0.0 14/1/27 2.0	40			No	
9	UNDERLYING C		VTRIB-	77	22B. PLACE OF INJURY(e.g., home, form, loctory, street, office	e bldg., etc.)	NJURY OCCUR?	(II In Boltimore	City, give exc	oct location	)	
Σ	22D. TIME		(Doy) (Year	) (Hou	r) 22E.INJURY OCCURRED	2	2F. HOW DID IN	JURY OCCU	R?			
	OF INJURY (APPROX.)			13 1	WHILE AT NOT	WHILE						
	23.			-	m. WORK AT W	ORK L					-	
		tify that I	held an 1	quiry [	Inspection X Au	tap sy	and that an t	his basis, d	leath in my	aplaion		
		•	Natural cau		Accident Suicid			Undetermin				
	1630		A A		ACTION DOISIO		CHIEF MEDICAL E			_		
	ACTUAL	1 1	learle	1.	I sal M.D	ASSI	STANT MEDICAL E				DATE SIGN	NED
	EXAMIN NAME (	NER'S	harèes	S. Sp	oringate, M.D.		CIATE MEDICAL E	EXAMINER [	Dec	ember	25, 19	969
24A	BURIAL CRE	MATION.	24B. DATE		24C. NAME of CEMETERY	ar CREMATO	RY 24D.	LOCATION	(City, town	n, or count	ly) (Sto	te)
REA	burial	ily)	12/29	169	Mt.Calvary			Anne A				
	DATE REC				AME OF REGISTRAR	25d. F	UNERAL DIRECTO			DDRESS	uri o y	
	J	AWO.	DIN A	1 3 Carps	E danser wer	Olin	uch of	lole,		4m	reles	
VS 1	51-REV. 1/1/6	38		1 7	6900	1 0	167				0	T

The state of the s A MEST DE STORESCO, UN TELLES DE VILLES DE LA COMPENSACIONE 

K-200 69 13182 BALTIMORE CITY HE	
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 69 13182
BIRTH NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE Known . Month Doy Yeor Hour
Charles Kosh  4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimoted Month Dov Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	12 21 69 4:35 P,M
	5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)  A. STATE  B. COUNTY
St. Agnes Hospital	Md. Howard 6300
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male Negro WIDOWED DIVORCED	Simpsonville YES NO X
9. DATE OF BIRTH 10. AGE (In years   If Under 1 Yr. If Under 24 Hrs.   Industry   If Under 1 Yr. If Under 24 Hrs.   Months   Doys   Hours   Min.   Months   Month	Simpsonville, Md.
11. BIRTHPLACE(State or foreign country)   12. CITIZEN OF	13. FATHER'S NAME
WHAT COUNTRY?	
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	Y 15. MOTHER'S MAIDEN NAME
done during most of working life, even if retired)	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	TO THE ORDER
CAUSE OF DEA	APPROXIMATE INTERVAL
19. 8/6,10 CAUSE OF DEA	BETWEEN ONSET AND DEATH
	of the cervical spine
LEADING TO DEATH (This does not meen the mode of dying, e.g.,	CAUSE
heori foilure, osthenio, etc. It meons the diseose, injury or complication which caused death.)	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
Z UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
	yes
Z22A. EXTERNAL CAUSE WAS     UNDERLYING ☑ OR CONTRIB.   Lorent foctory, street, officery, street	, in or obout 22C. WHERE DID (If in Boltimore City, give exact location)  ce bidg., etc.) INJURY OCCUR?
© UTING □ CAUSE OF DEATH. street	\$tate Rte. 32 300' east of U.S. 29
DF INJURY (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
(ADDROY) 12-21-60 2.50D WHILE AL ON	WORK Subj. driver in car that ran off road,
23.	struck tree and overturned. ond that on this bosis, death in my opinion
resulted from: Notural couses Accident X Suici	de Homicide Undetermined monner
	CHIEF MEDICAL EXAMINER X
ACTUAL AMERICA	ASSISTANT MEDICAL EXAMINED DATE SIGNED
SIGNATURE M.I	D
NAME (Type) Russell S. Fisher, M.D.	ASSOCIATE MEDICAL EXAMINER   12-22-69
24A. BURIAL CREMATION, 24B. DATE / 24C. NAME of CEMETERY	
EMOVAL (Specify)  12 27/69 HOPKINS  25A. DATE REC'D BY HEALTH DEPT 25B. NAME OF REGISTRAR	Clivitacy Highland, Md.
IAN 8 1970 R. G. B. E. Jaber, M.A. O. O.	Kohert L. Snowden Kockville M.
VS 151-REV. 1/1/68	

THE PROPERTY OF THE PARTY OF TH Bie je 12/69 Hopkins Country Highland: Md.

	1 101	69	13183	BAI	TIMORE CITY HE	ALTH DEPA	RTMENT					
BIR	TH NO.	M	EDICA	L EXA	MINER'S	CERTIFI	CATE OF	DEAT	H REG. NO.	69	1318	33
1. 1	NAME OF DEC	CEASED				2. DATE	Known 🔯	Month	Doy	Yeor	Hnur	
(IAE	e or Print)	JA	MES CRO	OCKER		DEATH	Estimoted	Decem	ber 31,	1969		M.
		TIMORE, MARYLAN				3. DATE	UNICED DEAD	Month	Doy	Yeor	Hour	
HO	L NAME OF	(IF NOT IN HO	SPITAL OR IN: LOCATION)	STITUTION, C	GIVE STREET	PRONO	UNCED DEAD	Decem	ber 31,	1969	7:40	P.M.
OR	NOITUTION	24 E. Mt	. Verno	n Pla	ce	5. USUAL R A. STATE	ESIDENCE (Where		ed. If institutio B. COUNTY	n: residence	belore admi:	ssion)
6. 5	EX	7. RACE	B. MAR	RIED N	EVER MARRIED	C. CITY OF			D. INSIDE C	ITY LIMITS?		
	Male	White		WED 🗌	DIVORCED [		Baltimor	е	Y	ES X	NO 🗆	
1	ATE OF BIRT		GE (In years	If Under I	Yr. If Under 24 Hrs.		AND NUMBER					
	MAYI	2.1912	57	Montais	l l		24 E. Mt	. Vern	on Plac	e		
11.	BIRTHPLACE (S	ate or foreign count		12. CITIZ		13. FATHER						
	CA	11 FORNIK	7	WHAT	COUNTRY		UNKA	VOWA	/			
		PATION (Give kind of		OF BUSI	NESS OR INDUSTR	Y 15. MOTHE						
done	C/CR	vorking life, even ifret مرز	ired) SS	Del.	VINISTRATA	2 500	MAIK	NOM	N			
16.	WAS DECEAS	ED EVER IN U.S. AF	MED FORCE	5?  17.	SOCIAL	18. INFOR		, , , , ,	*	DDRESS E	2 A ITC	Ma
(Yes	, no or unknown	(If yes, give wor or d	dotes of service	)	SECURITY NO.	1.100015	s Hert	erso	N (2)	E. HOO	TZ 5	7
	19.	0.0			CAUSE OF DEA	TH	2 // (1/2	101730	1 600 1		PPROXIMATE IN	
	7/-	196					3	1	4.2.	BETV	WEEN ONSET A	HTA3D DM
		E OR CONDITION			• •		nd arterio					
	(This does n	ot meon the mode	of dying, e.g.,		(A) IMMEDIATE	CAUSE AS A CONSEC	Cardio	vascul	ar dise	ase		
	injury or con	, osthenio, étc. It meo nplication which couse	ns the disease, ed death.)									
		NTECEDENT CAUSE OR CONDITIONS, IF			(B) DUE TO, OR	AS A CONSE	QUENCE OF:					
	RISE TO THE	E ABOVE CAUSE (A)	) STATING THE									
Z	OHDEKLIII	NG CONDITION DA	131.		(c)							
CERTIFICATION	OTHER CICA		In CONTROLD	T. 1.0								
0	TO THE DEA	ATH BUT NOT RELATE	D TO THE TERM	AINAL								
		FOPERATION 208.			CH OBERATION W	AC DERECRA	150			101 1117		
19	ZVA. DATE OF	OPERATION 208.	CONDITION	FOR WHIT	CH OPERATION W	AS PERFORM	IED			21. AUTO	OPSY? (Yes	or No)
1	22A. FXTFR	ALAL CALISE WAS		Loop Bl 4 G							Yes	
		NAL CAUSE WAS		home, farm	E OF INJURY (e.g., foctory, street, office	in or about a se bldg., etc.)	NJURY OCCUR?	(II In Boltimor	e City, give ex	act location)		
		USE OF DEATH.	494	1 1005								
	OF INJURY	(Month) (Day)	(Year) (Hou	WHILE	JURY OCCURRED	WHILE -	2F. HOW DID IN.	JURY OCCU	R?			
	(APPROX.)			m. WORK	AT V	VORK						
		على مليم المال		7 .	🗖 .		1.1					
		ify that I held on	-			topsy X	ond that on th					
	result	ted from: Notural	couses X	Accid	ent Suici				ed monner			
	ACTUAL	(1)	0.11	- / '	·-A		CHIEF MEDICAL E				DATE SIGN	NED
	SIGNATI	1 /1	187.		THE M.I	ASSI	STANT MEDICAL E	XAMINER	K.J		-,	
	EXAMIN NAME (T	ER'S Charl	les S.	Spring	ate, M.D.	ASSC	CIATE MEDICAL E	XAMINER	☐ Jan	uary 1	1, 1970	)
24/	BURIAL CREA	MATION, 248, DA	TE	24C. NA	ME of CEMETERY	or CREMATO	DRY 24D.	LOCATION	(City, town	n, or county	) (Sto	te)
KE	RIA Specif	71	10N 71	1	odno h	1:11/2		Bolt		nnc	00	1
25/	DATE REC'D	BY HEALTH DEPT.	25B M	JAME OF	REGISTRAR	1250	UNERAL DIRECTO	104116	1 /1	DDRESS /	, //	1
	PARIA	107A Q2	A & 30	(Zo. 24	D	100	JANE DIRECTO	-	, ,,	DDKE22	FIRM	
	AWILLA	1010			9.00	1 0/	NITTH LES	/ UNICA	PRI Itom	TE, 13	URNIA	E MA
VS	51-REV. 1/1/68	3			1					1	-	



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death C shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased O

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

VS 150-REV. 1/1/68

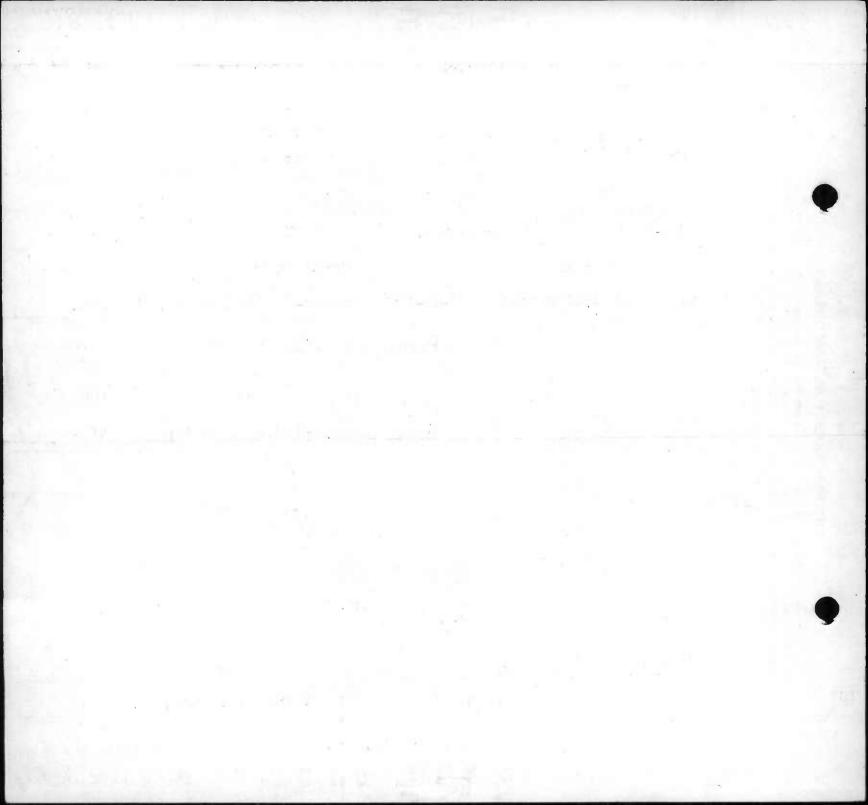
				BALTIMORE	CITY	HEALT
-	2	17	38			

H DEPARTMENT

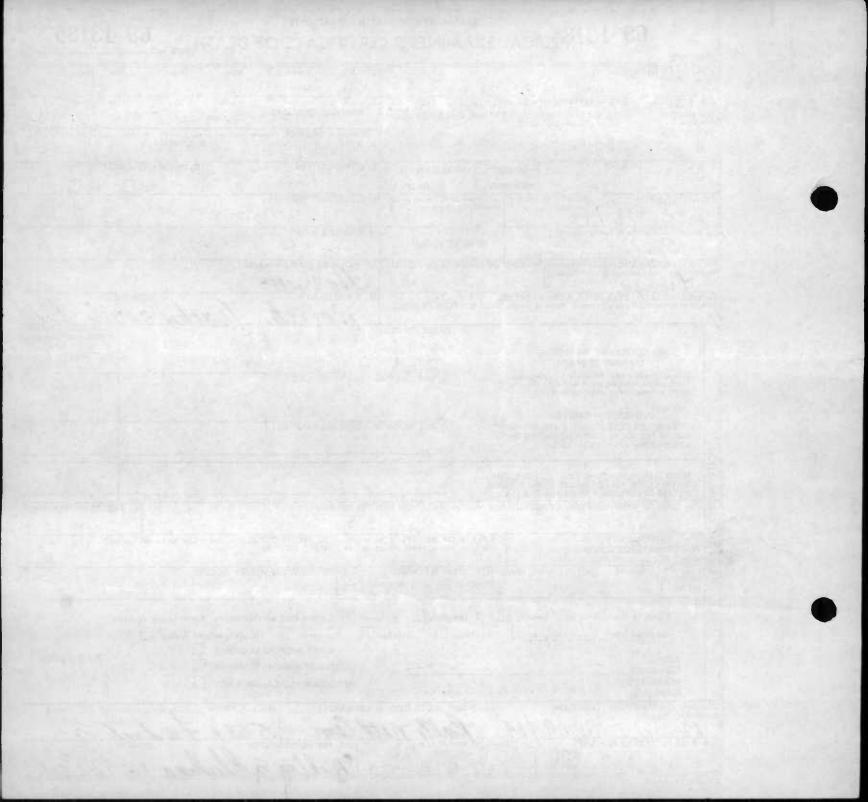
X	REG.	NO.	6	9	1	3	1	8	4
- 3							_		_

BIRTH NO.	CERTIFICA			REG. NO.	-4.	5101	
(Type or Print) NORMAN FREDERI	K MIENCH	Dec. 31, 1969 11: 20 A					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR		4. USUAL RESID	ENCE (Where	deceased lived. If in			M.
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)		A. STATE	a, count		V.	- 43	
INSTITUTION		C. CITY OR TOWN		D. INS	IDE CITY LIMITS		
JUS Public Health Service	Hospital	E, STREET AND			YES	NO 🗌	
3100 Wyman Parkway			ne Aven	ue			
	RIED NEVER MARRIED	8. DATE OF BIRTH	lo	AGE (In years st birthdoy)	If Under 1 1 Months: Doy	r. If Under 24	Hrs.
M W wido		5/8/18		51			
done during most of working life, even if retired)  CWO-4  US	Coast Guard		State or foreign	country)	12. CITIZEN	USA USA	TRY?
13. FATHER'S NAME		14. MOTHER'S M	AIDEN NAM				
Frank Muench		Teresa	Zeyer				
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT			AD	DRESS	
Yes CG 1940 to date	077-07-4053	Records.	US PH	S Hospital			
18. 2 2 7 / 1	CAUSE OF DEAT		15	٩		PROXIMATE INTERVA	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A)IMMEDIALE CAL	eary Eml	boli, ma	assive	r	nin,	
(This does not meon the mode of dying, heart failure, asthenio, etc. It meons the distinjury or complication which coused death.)		A CONSEQUENCE	11.84 × 1				
ANTECEDENT CAUSES	Left	hip prosthests				mo,	
DISEASES OR CONDITIONS, if any, g rise to the obove couse (A) stating UNDERLYING CONDITION last.		a consequence		a of hip	<b>S</b>	yrs,	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMS OF THE DEATH BUT NOT RELATED TO THE TERMS OF THE DEATH BUT NOT RELATED TO THE TERMS OF THE DEATH BUT NOT RELATED TO THE TERMS							
DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION WAS PERFORMED	FOR WHICH OPERATION		? (Yes or No)	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CO	N SIDERED TH?	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)	in or obout 21C. WH ffice bldg., INJURY	ERE DID OCCUR?	(If in Boltima	re City, give ex	oct locotion)	
Q 21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HO	M DID INJU	RY OCCUR?			-
(APPROX.)	While At Not While Work At Work	le 🔲					
22. I certify that (1) (this haspital) attend			10	69 to Dec	2. 31	19 6	9
that (1)/we) last saw the deceased alive		19 69		in (my) (aur) op	Inian deoth a		
and have and from the causes stated above	re. M) (We) (did) (d/d/n/o/) v	view the bady af	ter death.				
23A. SIGNATURE  Attending Med. Shaff Phys.   Attending Phys. Shaff Phys. X							
23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS							
Samuel P. Ward,	M.D. DEGREE	US PHS	Hospit	al, Balto,	Md.		
	C. NAME of CEMETERY OF CRI	EMATORY	24D. LO	CATION (C	ity, town, or co	unty) (Stot	e)
Burial 1/2/70 A	rlington Nat'		Arl	ington, V	irginia		
25A. DATE REC'D BY HEALTH DEPT. 25B, NA	ME OF REGISTRAR	OF All T	DIRECTOR	FH 1100		ADDRESS I Falled	11
SAIL S JOOK C. Valley Tolk Watts Church 1.11. 1182 W. DROA ! FALLS Dr. VIL.							

RGB



BIRTH NC.		
i. NAME OF DECEASED (Type or Print)	2. DATE Known Month Day	Year Hour
HERBERT H. WALKER	DEATH Estimoted	м.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD December 3,19	М.
ST. AGNES HOSPITAL	S. USUAL RESIDENCE (Where deceased lived. If institution A. STATE  Maryland  B. COUNTY	residence before odmission)
S. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CI	TY LIMITS?
Male Negro WIDOWED DIVORCED	Baltimore ye	s 🗆 No 🗆
P. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. il Under 24 Hr	s. E. STREET AND NUMBER	
Jan 15 1929 lost birthday) 40 Months, Doys, Hours, MI	902 E. Biddle Street	
BIRTHPLACE (State or lareign country)  12, CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME, Welker	
4A.USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUST and during most of working life, even il retired)	TRY 15. MOTHER'S MAIDEN NAME	
Rabbiler	Harrietts	
6. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL Yes, no or unknown))(il yes, give wor ar dates of service) SECURITY NO.	18. INFORMANT	ODRESS /
SECORITIAO.	Dogothy Walker	7778/ Delle
19. CAUSE OF DE	EATH .	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY Epiler	osv	BETWEEN ONSET AND DEATH
LEADING TO DEATH		- SECTION 639
(This does not mean the made of dying, e.g., heart lailure, asthenio, eic, li means the disease,	R AS A CONSEQUENCE OF:	
injury or camplication which caused death.)		
AANTCCDCAN CANCEC		
DISEASES OR CONDITIONS IF ANY GIVING (B)	R AS A CONSEQUENCE OF:	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	NAC A CONSEQUENCE OF	
Z ONDEXCHING CONDITION (ASI.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION 1		
DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION	WAS PERFORMED	21. AUTOPSY? (Yes ar No)
		yes
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22B. PLACE OF INJURY (e.g. hame, form, loctory, street, of the contribution	g., in ar about 22C. WHERE DID (II in Baltimore City, give exa- fice bldg., etc.) INJURY OCCUR?	
	22F. HOW DID INJURY OCCUR?	
(APPROX.) WHILE AT MI	OT WHILE [	
23. m. WORK AT	WORK L	
I certify that I held on Inquiry Inspection A	autopsy 🗵 ond that on this basis, death in my	aninian
Accident 5016		1
SIGNATURE I had When I	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S NAME (Type) Ronald N. KornHum, M.D.	ASSOCIATE MEDICAL EXAMINER	12/3/69
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER	Y or CREMATORY 24D. LOCATION (City, tawn,	ar county) (State)
Bubise Ilma a 16a Man 18 -	10H Com ton to	1 1
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR AL	DORESS
JAN 9 1970	cmilton a literal	LISTIN PO DO
S 151-REV. 1/1/68	Survey 1 Thinks	129111011Call



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

BIRTH NO. 159-342469 13186 CERTIFICATE OF DEATH  2. DATE AND HOUR OF DEATH  2. DATE AND HOUR OF DEATH						
1. NAME OF DECEASED (Type or Print)  2. DATE AND HOUR OF DEATH						
3. PLACE IN RALTIMORE, MARYLAND WHERE PRONOUNCED DEAD 14. USUAL RESIDENCE (Where deceased lived, it institution; residence before admission)						
A. STATE B. COUNTY						
HULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  INSTITUTION  (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  D. INSIDE CITY LIMITS?						
E. STREET AND NUMBER						
LUTHERAN NOSPIAI 332 E 22nd ST						
5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) If Under 1 Yr. If Under 24 Hours Min.						
M Negro WIDOWED DIVORCED 12.3169 1 hr old 12. CITIZEN OF WHAT COUNTY 11. BIRTHPLACE (Stote at foreign country) 12. CITIZEN OF WHAT COUNTY						
done during most of working life, even if retired)  WITHERAN Hospital						
13. FATHER'S NAME						
COND W. CARTER, THOMPSON REPUNE						
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS						
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.						
18. CAUSE OF DEATH APPROXIMATE INTERVAL						
, BETWEEN ONSET AND DEA						
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH						
LEADING TO DEATH  (This does not mean the made of dying, e.g.,  DUE TO, OR AS A CONSEQUENCE OF:						
hearl failure, asthenia, etc. II means the disease, injury or complication which caused death.)						
ANTECEDENT CAUSES						
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:						
rise to the above cause (A) stating the						
UNDERLYING CONDITION last. (C)						
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
TO THE DEATH BUT NOT RELATED TO THE TERMINAL						
DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes of No.)   20B. IF YES, WERE FINDINGS CONSIDERED   IN CERTIFYING CAUSES OF DEATH?						
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exect location)						
21 A. ACCIDENT WAS UNDERLYING   21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, farm, foctory, street, office bidg., INJURY OCCUR?  DEATH (notify medical examiner) (If in Boltimore City, give exact location)						
21D.TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?						
S (APPROX.)   While At   Not While   At Work						
22. 1 certify that (1) (this hospital) attended the deceased from						
that (I) (we) lost saw the deceased alive on						
and haur and from the couses stated above. (1) (We) (did) (did not) view the bady after death.						
23A. SIGNATURE 23B. DATE SIGNED						
Attending Med. Staff Director Phys.						
23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS ANATOMY ROARD OF MARKET AND						
MIN JA COK DEGREE						
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY TOREMATORY STTY 24D. LOCATION SCIENT OF COUNTY) (Stote)						
JAN 13 1970 Police & Jacob & MORIUARY BERVICE - BCHD						
ILLEAN I A INMIE CONSTRUCTOR OF THE PROPERTY O						

dory Grantley Rd carles hospital

But certificate shows: Bary boy Carter

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	F- 231	BALTIMORE CITY	HEALTH DEPARTMENT		
	SIRTH NO. 69-2452569 13187.	CERTIFICA	TE OF DEATH	REG. NO	69 13187
	Type or Print)		2. DATE ANI	HOUR OF DEATH	
	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNG	ED DEAD	4. USUAL RESIDENCE IWhere	deceased lived if his	titution; residence before admission)
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTIO	ON, GIVE STREET	A. STATE B. COUNT	N .	2788
	HOSPITAL OR ADDRESS OR LOCATION)	201	C. CITY OR TOWN ,		DE CITY LIMITS?
á	Sinai Hosp. of sal	Kemore	E. STREET AND NUMBER		YES NO NO
	S SEX 6. RACE 7. MARRIED 1				Ave
	6. RACE /- MARRIED WIDOWED	DIVORCED		ast birthday)	onths Days Haurs Min.
	OA. USUAL OCCUPATION (Give kind of wark 10B, KIND OF BU		11. BIRTHPLACE (Sfate at foreig	1009	12. CITIZEN OF WHAT COUNTRY
	2 PAYMENT MAAA				
	3. FATHER'S NAME	+-	14. MOTHER'S MAIDEN NAM		
	5. Was Deceased Eyer in U. S. Armed Farces?   16.	SOCIAL	17. INFORMANT	C	ADDRESS
	Yes, no ar unknown) (If yes, give wor or doles of service)	SECURITY NO.	··· INI VANIANI		ADDRESS
	18.	CAUSE OF DEATH			APPROXIMATE INTERVAL
I	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH			T. T.	SETWEEN ONSET AND DEATH
	(This does not meen the mode of dying, e.g.,	(A) IMMEDIATE CAUS	E M Man	unity	
	heart loiture, asthenia, etc. It means the disease, injury or camplication which coused death.)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	ANTECEDENT CAUSES	(B)	P80	7078/79888888888888888888888888888888	***************************************
I	DISEASES OR CONDITIONS, if ony, giving rise to the obave couse (A) sloting the UNDERLYING CONDITION last.		A CONSEQUENCE OF:		
	The section of the se	(C)			*******
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)				
	DISEASE OR CONDITION GIVEN IN PART 1 (A).	CH OPERATION	[20A. AUTOPSY? (Yes or No)]	20B, IF YES, WERE FI	NDINGS CONSIDERED
	WAS PERFORMED			IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
-11	U 21A. ACCIDENT WAS UNDERLYING 21B. PLA OR CONTRIBUTING CAUSE OF home, for the contribution of the contrib	CE OF INJURY (e.g., in orm, foctory, street, offi	or obout 21 C. WHERE DID	(If In Boltimore	City, give exact location)
ш		URY OCCURRED	21F. HOW DID INJU	BY OCCUPY	
	OF INJURY (APPROX.) While A			AT OCCOR.	
	22. I certify that (1) (this haspital) attended the d		- 15 C-31 15	Sf 10 5 10 p	M Dec. 3/19 6P
	that (1) (we) last saw the deceased alive an	/	3/19 67 and that	/ /	an death accurred an the date
	and have and from the causes stated above. (1) (W	e) (did) (did nat) vi	ew the bady after death.		
	Tolellan + B	Atten Phys.	ding Med. S	Hoff CO	23R DATE SIGNED
	23C. PHYSICIAN'S NAME (Type)	- Parameri	Director P	hys, L3	sec. SI og
	HYUN T, C	DEGREEN.	NATOMYLBOX	ROOF MA	RARAMETINON
	REMOVAL (Specify)	of CEMETERY OF CREA	MATORY 24D. LO	CATION (City,	town, or caunty) (State)
	5A. DATE REC'D BY HEALTH DEPT SET NAME OF A	FGISTRAR	25C. MANSAR STREETOR	CEBOR.	L PADDIES
	JAN 13 BID (16 Ged E. Helley A)	900	OMUKTUAS	I SEKYIL	E - DOM
	S 150-REV. 1/1/68				

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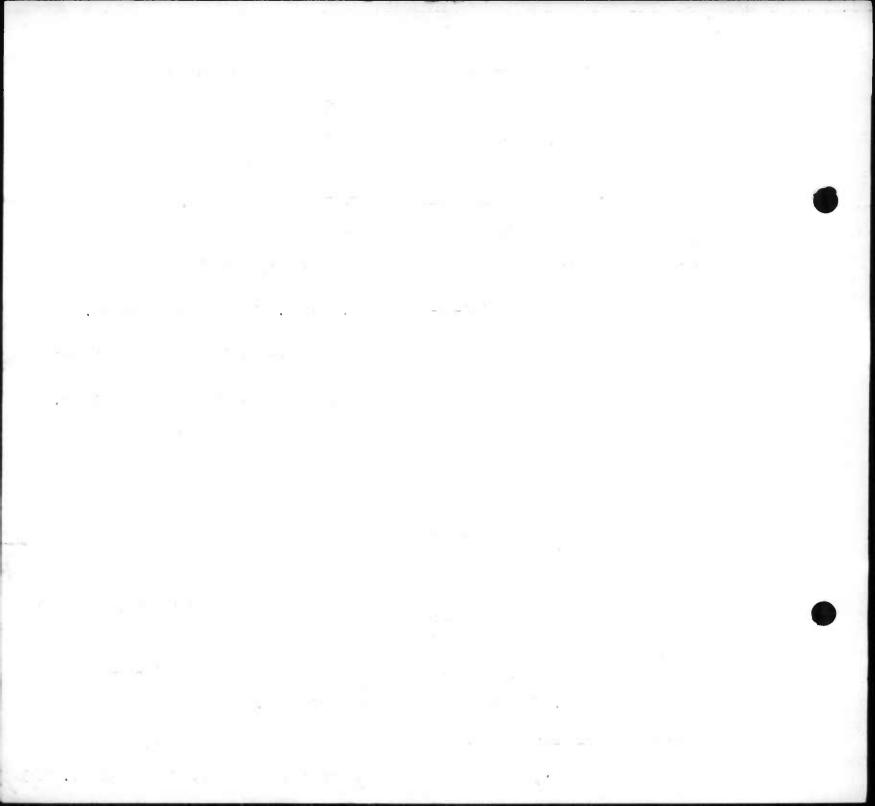
This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	5 31/ 00 404	BALTIMORE CITY	HEALTH DEPARTMENT		00 10104		
В	RTH NO. 69-22033	CERTIFICA	TE OF DEATH	REG. NO	69 13188		
	NAME OF DECEASED Boby	94-10-	2. DATE AND	HOUR OF DEATH			
3	PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONO UNCED DEAD	4. USUAL RESIDENCE IWhere A. STATE B. COUNT	deceased lived. It ins	11. 55 A M.		
<del> </del>	ULL NAME OF (IF NOT IN HOSPITAL OR IN OSPITAL OR ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	Maryland	Baltimo	ne 1204		
	ISTITUTION	1 1-0-1	C. CITY OR POWN	D. INSI	YES NO NO		
1	2 Sinoi Hospital	of Gallenion	E. STREET AND NUMBER	ad at	#18		
5.	SEX 6. RACE 7. MARI	RIED NEVER MARRIED	309 E. 22	AGE (In years			
	M N WIDON	WED DIVORCED	11/29/69	st birthday)	Months Doys Hours Min.		
de	A. USUAL OCCUPATION (Give kind of work 108, KIN) ne during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of foreign	tountry)	12. CITIZEN OF WHAT COUNTRY?		
13	FATHER'S NAME		14. MOTHER'S MAJDEN NAM	E	434		
	UNKNOWY		SHNOVY				
15	Was Deceased Ever in U. S. Armed Forces? es,no or unknown) (If yes, give war or dates of servi	cel SECURITY NO.	17- INFORMANT		ADDRESS		
-	18. 7 7 6 11	CAUSE OF DEATH	1		APPROXIMATE INTERVAL		
	DISEASE OR CONDITION DIRECTLY		1 1. 10	1	BETWEEN ONSET AND DEATH		
	(This does not mean the mode of dying, heart failure, osthenia, etc. It means the dise	e.g., DUE TO, OR AS	SE HYDLINE PUL A CONSEQUENCE OF:	minoni Ju	28		
	injury or complication which coused death.)  ANTECEDENT CAUSES			1/			
	DISEASES OR CONDITIONS, if one, give	ving (8) DUE TO, OR AS	A CONSEQUENCE OF:	moray	1 hrs.		
	underlying condition lost.	(C)		-	***************************************		
Z	0 THER SIGNIFICANT CONDITIONS CONTRIBUTION	16					
ATION	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	IAL					
ERTIFIC	19A-DATE OF OPERATION 19B CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes of No.	20B. IF YES, WERE FILLING CAUS	NDINGS CONSIDERED SES OF DEATH?		
110	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off	or about 21 C. WHERE DID	(II in Boltimore	City, give exect locotion)		
EDICAL	21D. TIME (Month) (Day) (Year) (Hour)	etc.) 21 E. INJURY OCCURRED	21F. HOW DID INJUI	V Occiles			
1	OF INJURY (APPROX.)	While At Not While At Work		1 OCCOR!			
	22. I certify that (I) (this hospital) attended	ed the deceased from	11/27/69 19	ta	11/28/69 19		
	that (1) (we) last sow the deceased alive an /// 28/69 19 and that in (my) (our) apinion death occurred on the dat						
	ond hour and fram the couses stated above. (1) (We) (did) (did not) view the body after death.  23A. SIGNATURE  23B. DATE SIGNED.						
	Todd Gladstone	MD. GEGREE Phys.	ding Med. Sh	.A. 4	11/28/69		
	23C. PHYSICIAN'S NAME (Type)	AN <sup>2</sup>	TONY BOKEN	OF/MARK	TARINA		
24	REMOVAL (Specify) 24B. DATE 24C	NAME OF CEMETERY THE	WENCITY HP-LOC	ATION /Cily	town, or county) (Stote)		
25	1-13-70	UNI	TENSILI MILU	ival sch	UUL		
1	IN 13 1970 Pale & Jahr	AE OF REGISTRAR	25C FUNERAL DIRECTOR	SERVICE	- BCHI		
VS	150-REV. 1/1/68	76					

	1-020 6 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	THEALTH DEPARTMENT REG. NO. 69 13189
	NAME OF DECEASED	TE OF DEATH REG. NO. 13.189
	Type or Pant) BABY BOY JONES	11/25/69 16140 A.
- 11	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION) GIVE STREET	A. USUAL RESIDENCE (Where doceosed lived. It institution: residence before admission)
	HOSPITAL OR ADDRESS OR LOCATION)	C.CITY OR TOWN BALTIMORE - CITY 283
	SINA HOSPITAL OF BALTIMORE	E. STREET AND NUMBER
	42	4806 Ressertown Rd.
5	6. RACE   7. MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	8. DATE OF BIRTH  9. AGE (in years last birthday)  11 - 24 - 69   See the see that
Ī	OA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY one during most of working life, even if retired)	11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	NONG 3. FATHER'S NAME	MAR BATTHORE, MID USA
-	VIRLEEN JONES	14. MOTHER'S MAIDEN NAME
1.0	S. Was Deceased Ever in U. S. Armed Forces? os,no or unknown) [If yes, give wer or dates of service] SECURITY NO.	17. INFORMANT ADDRESS
	NO NORE	
	DISEASE OR CONDITION DIRECTLY	ARDIAC ARREST BETWEEN ONSET AND DEATH
	(This does not mean the mode of dving e.g. (A)!MMEDIATE CAU	SE A CONSEQUENCE OF:
		CE RESPIRATORY ACIDOSIS
	ANTECEDENT CAUSES	
		ratory distress syndrome 24 hrs.
ATTOR	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
115	19A-DATE OF OPERATION 1198 CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes of No)) 20B. IF YES. WERE FINDINGS CONSIDERED
Tes 7	WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
14.0	OR CONTRIBUTING CAUSE OF home, form, fociory, street of	ice bldg., INJURY OCCUR? (If in Baltimore City, give exect location)
AAED	OF INJURY (APPROX.)  (Manih) (Doy) (Yeo) (Hous) 21E INJURY OCCURRED While At Not While	21F. HOW DID INJURY OCCUR?
	22. I certify that (I) (this hospital) attended the deceased from No.	
	that (I) (we) last saw the deceased alive an Nov 25	19 69 and that In(my) (our) opinion deoth occurred on the date
	and haur and from the causes stated above. (1) (We) (dld) (dld not) vi	ew the bady ofter death.
	Phys.	Iding Med. Staff Store Phys. 238. DATE/SIGNED
	DEGREE .	Sinai Itospital
24	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY AND 24C. NAME OF CEMETERY	TOMY BURDEATION MAIGHT DWA IN BINITY! (Stote)
25	A. DATE REC'D BY HEALTH DEPT. 258-NAME OF REGISTRAR	VERSITY DIRECTION ADDRESS
VS	150-REV. 1/1/68	MORTUARY SERVICE BCHD

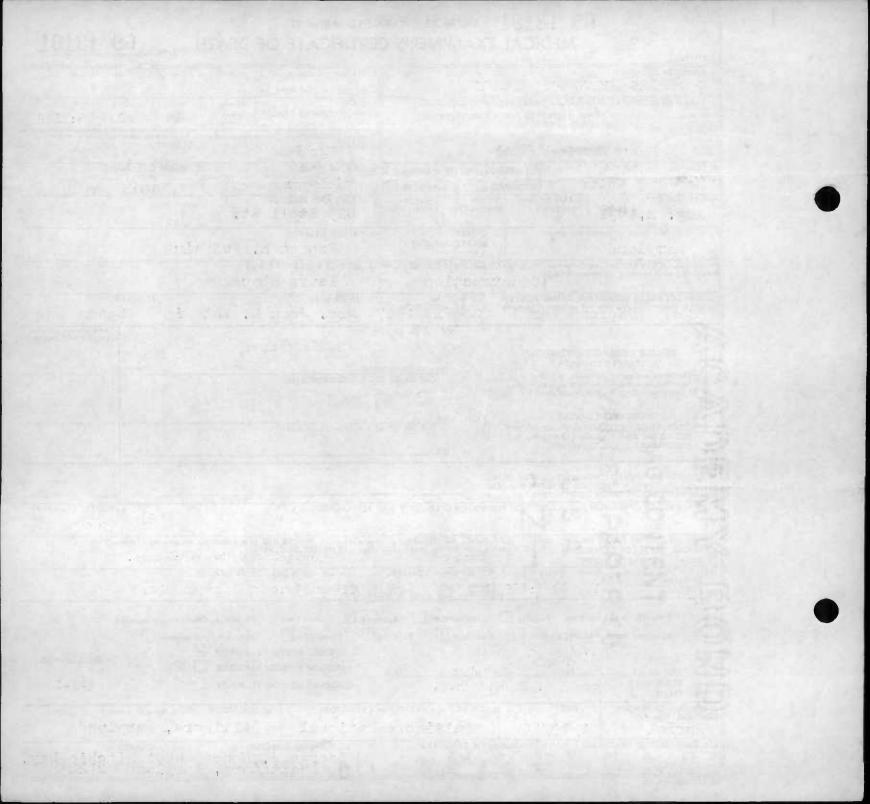
	Н
approved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death fany nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased I (except where the physician who pronounced death was in regular attendance on the i); and (6) No physician was in regular attendance on the obtained before the remains are embalmed or final disposition is made.	l
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	1
This certificate must be approved by the chief medical examiner or his assistant if death occurred the body was released to the hospital by a medical examiner. Also, if the direct or contributing shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased print approval must be obtained before the remains are embalmed or final disposition is made.	1
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	5-625	69	1319		HEALTH DEPARTMENT		69	13190
BII	RTH NO.	00	TOTO	CERTIFICA	TE OF DEATH	REG. NO		10100
	NAME OF DECE	ASED			2. DATE	AND HOUR OF DEATH		
Ľ	pe or rans	Carolena	Burgen	meister	De	cember 22, 19	69 1	AA
3.	PLACE IN BALTI	MORE, MARYLAND, W	HERE PRONC	DUNCED DEAD	4. USUAL RESIDENCE (	Where deceased lived. If i	nstitution; e	esidence before admission)
H	ILL NAME OF	(IF NOT IN HOSPIT	AL OR INSTI	TUTION, GIVE STREET	Maryland		20	636
IIN	иопитп				C.CITY OR TOWN Baltimore	D. IN	SIDE CITY L	
	70	Long Green	Nursin	g Home	E. STREET AND NUMBE	D	YES	NO L
1					4508 Parkmo			
5.		. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years lost birthday)	If Unde Months	T Yr. If Under 24 Hrs. Days Hours Min.
	Female	Cau.	WIDOWED		4-28-1887	82 vrs.	14(0)11118	Days Hours Min.
10/	USUAL OCCUP	ATION (Give kind of work brking life, even il retired)	108 KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or	foreign country)	12. CITI	ZEN OF WHAT COUNTRY?
1	Housewif		Hom	e	Germany		J	JSA
13.	FATHER'S NAM		1		14. MOTHER'S MAIDEN	NAME		
	Henry La	ngenfelder			Margaret Gr			
15.	Was Deceased E	ver in U. S. Armed For If yes, give war or dote	ces?	1 6. SOCIAL	17. INFORMANT			ADDRESS
	No	it yes, give war or dole	s of selvice)	213-60-4284	Mrs. Ruth A.	Ries 4508 Pa	rkmont	Ave. 21206
	18. 4	0.9		CAUSE OF DEATI	H		1	APPROXIMATE INTERVAL
		OR CONDITION DIR	ECTLY		= .		T T	BETWEEN ONSET AND DEATH
		EADING TO DEATH		(A)IMMEDIATE CAU	Bronchopi	neumonia	1	2 days
	heart failure, a	t meen the made of sthenio, etc. It means licotion which caused	the diseose	DUE TO OR AC	A CONSEQUENCE OF:	*		***************************************
		NTECEDENT CAUSES	dec may		Arterios	clerosis	1	3 yrs.
		CONDITIONS, if	ny, nivina	(B)	A CONSEQUENCE OF:			
	rise to the	above cause (A) CONDITION last.		(c)	The second secon			
		П						
CERTIFICATION	TO THE DEATH	ANT CONDITIONS COL	IE TERMINAL	***************************************				
2	19A-DATE OF C	NOTION GIVEN IN PART	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208. IF YES. WERE	FINDINGS	CONSIDERED
ERTI	0	WAS PERF				No. 208 IF YES, WERE IN CERTIFYING CA	USES OF I	DEATH?
MEDICAL C	OR CONTRIBUTE DEATH (notify m	WAS UNDERLYING TING CAUSE OF	218 hor etc.	RPLACE OF INJURY (e.g., is ne, farm, foctory, street, of J	or about 21C. WHERE DIE fice bidg., INJURY OCCUR	(If In Boltimo	re City, give	e exact lacotion)
ă	21 D. TIME	Month) (Day) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID	NJURY OCCUR?		
¥	OF INJURY (APPROX)		WH	nile At  Not While At Wark				
	22. I certify th	nat (i) (this hospital)	attended t		September	_19_69_ta_Dec	ember	22 19 69
	that (I) (we) I	st saw the decease	d alive an_	December 20	19 <u>69</u> and	that in (my) (aur) apl		h accurred an the dote
	and hour and from the causes stated abave. (1) (We) (did) (did nat) view the bady after death.							
	Attending Med. Shoff   12~23~69							
	28C. PHYSICIAN NAME (Type	S	jung	DEGREE TO	Director L	Staff Phys.		., .,
	NAME (Type	Conrad L.	Richte		3128 Harford H	Rd.		
244	BURIAL CREMA	ATION, 248, DATE	24C. N	AME of CEMETERY of CRE	MATORY 24D	LOCATION (C	ily, lown, a	r county) (Stole)
	Burial	12-24-6	9 We	stern Cemetery		Baltimore, M	arylan	nd
25A				OF REGISTRAR	25C. FUNERAL DIRECT		0	ADDRESS
JA	N13 197	1 Robert E. V	aber A	209 0 0 1			401 Be	lair Rd. 21230
VS	150-REV. 1/1/68							



B-435	69 13191 BALTIMORE CITY HEALTH DEPARTMENT	
0.400	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1

BIRTH NC.	DICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	69 13191
1. NAME OF DECEASED	JS BALDWIN	2. DATE Known   Month Day OF DEATH Estimated	Year Hour
4. PLACE IN BALTIMORE, MARYLAND FULL NAME OF (IF NOT IN HOS. HOSPITAL ADDRESS OR LO OR INSTITUTION	PITAL OR INSTITUTION, GIVE STREET	3. DATE Month Poy PRONOUNCED DEAD 12 14	Yeor Hour 69 9:15 P M.
Mercy Hospita	1 (DOA)	5. USUAL RESIDENCE (Where deceased lived. If institution A. STATE Maryland B. COUNTY	n: residence before admission)
6. SEX 7. RACE White	B. MARRIED NEVER MARRIED WIDOWED DIVORCED	C. CITY OR TOWN D. INSIDE C	m m
9. DATE OF BIRTH Aug. 2,1931	(In years   If Under 1 Yr. If Under 24 Ho	rs. E. STREET AND NUMBER	ES NO U
11. BIRTHPLACE (State or loreign country Maryland	) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME George R. Baldwin	
14A.USUAL OCCUPATION (Give kind of we done during most of working lile, even 11 retire	Construction	Laurs Ebaugh	
(16. WAS DECEASED EVER IN U.S. ARM (1985, no or unknown) (1995, give wor or day Yes Korean	es of service) 216 28 19	67 Mrs. Joan E. Baldwin	DDRESS Same
DISEASE OR CONDITION DIL LEADING TO DEATH (This does not meon the mode of heart foilure, osthenlo, etc. it meons injury or complication which coused to	dying, e.g., (A)IMMEDIATI	Conflagration	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED: DISEASE OR CONDITION GIVEN IN 20A. DATE OF OPERATION 20B. CO	CONTRIBUTING	R AS A CONSEQUENCE OF:	
20A. DATE OF OPERATION 20B. CO	ONDITION FOR WHICH OPERATION	WAS PERFORMED	21. AUTOPSY? (Yes or No) yes
(APPROX.) 12 14 69	ear) (Hour) 22E.INJURY OCCURRED	Lombard and Commerce S  22F. How DID INJURY OCCUR?  22F. How DID INJURY OCCUR?  Subject trapped in fire work	
ACTUAL SIGNATURE EXAMINER'S RUSSell NAME (Type)	Ouses Accident X Suic	and that on this basis, death in my ide Homicide Undetermined monner  CHIEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER	
24A. BURIAL CREMATION, REMOVAL (Specify) Burial 1/13 25A. DATE REC'D BY HEALTH DEPT.	3/70 Baltimore	e National Baltimore, N	
VS 151-REV. 1/1/68	258, NAME OF REGISTRAR	George J. Gonce 4001	Ritchie Hgy.



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a hospital and

NON MED PER DR. KORNBLOOM! FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

This certificate must be approved by the chief medical examiner or his assistant if death occurred in

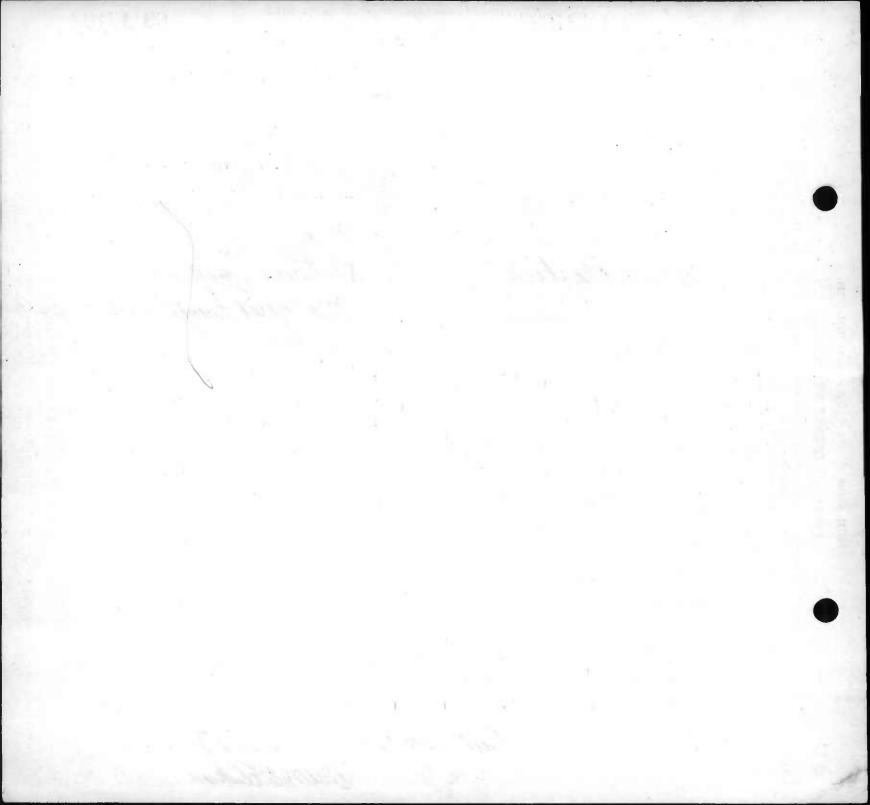
69 13192

### BALTIMORE CITY HEALTH DEPARTMENT

REG. No. 69 13192

BIR	TH NO.	CERTIFICA	TE OF DEATH			
	IAME OF DECEASED		2. DATE AND HOUR OF DEATH			
(Ту	pe or Print) GEORGE FO	Oec 2, 1969   5:00 Pm.				
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	CANKLIN ONOUNCED DEAD	4. USUAL RESIDENCE (Wh	ere deceased lived, If	institution: residence before admission)	
			MARYLAND	NII	910	
FU	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET			002	
	STITUTION		C. CITY OR TOWN		SIDE CITY LIMITS?	
	THE JOHNS HOPKINS	HOSPITAL	BALTIMORE		YES NO	
3	3		E. STREET AND NUMBER			
			2304 E. N	VORTH AVE	NUE	
5. 5		RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.	
	MALE NEGRO WIDO	WED DIVORCED	8-14-14	55		
	. USUAL OCCUPATION (Give kind of work 10B, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for		12. CITIZEN OF WHAT COUNTRY?	
don	e during most of working lite, even if retired)		mi			
	Laborer		1/10			
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	IME ()		
	James Thankling		Kalh 14 min	Michon		
15,	Was Deceased Ever in J. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	Journay	ADDRESS	
(Ye	s, no or unknown) (If yes, give wor or dotes of serv	ice) SECURITY NO.	ma	77.6	N 9311691.00	
			Mulyan	LI TRUSKE	Maso To Milly	
	18. 15 / 1	CAUSE OF DEAT	н //		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
ATION	rise to the obove couse (A) stoling UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERM!	(c)	A CONSEQUENCE OF:			
ERTIFICA	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION I WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N		E FINDINGS CONSIDERED AUSES OF DEATH?	
ERT	2		YIZS			
CAL C	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, o etc.)	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(II in Boltime	ore City, give exact location)	
EDI	21D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
2	(A PPROX.)	White At Not Whi				
		Work At Work		1 00		
	22. I certify that (1) (this hospital) attend			1969 0	19,	
	that (I) (we) lost sow the deceased alive			hot in (my) (our) ap	pinion deoth occurred on the date	
	and have and from the causes stated above	(e. (I) (We) (did) (did not)				
	23A. SIGNATURE	4.	Tron the budy offer death.	•	23B, DATE SIGNED	
	Attending Med. Shoff St.					
	Y JULIA LES C. / Fleellle OEGREE Phys. Director Phys. 12/2/67					
	23 C. PHYSICIAN'S NAME (Type)	/	23D. ADDRESS			
	NICHOLAS A		THE JOHNS	HOPKINS F	HOSPITAL	
24/		C. NAME OF CEMETERY OF CR	EMATORY 24D.		City, town, or county) (Stote)	
	BEMOVAL (Specify)	13.08 West 11	em 5	20 1 Jul.	de Ve Cores	
20	A. DATE REC'D BY HEALTH DEPT. 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTO	01-Will	ADDRESS	
234		L. Jaben M.D.	25 TONERAL DIRECTO	1.1	LIDON A DE LA	
	THIN TU IDIO MARKED S	" Marcollon agent	0/11/12/12	Y/MOIM /	127 11 Canstino St	

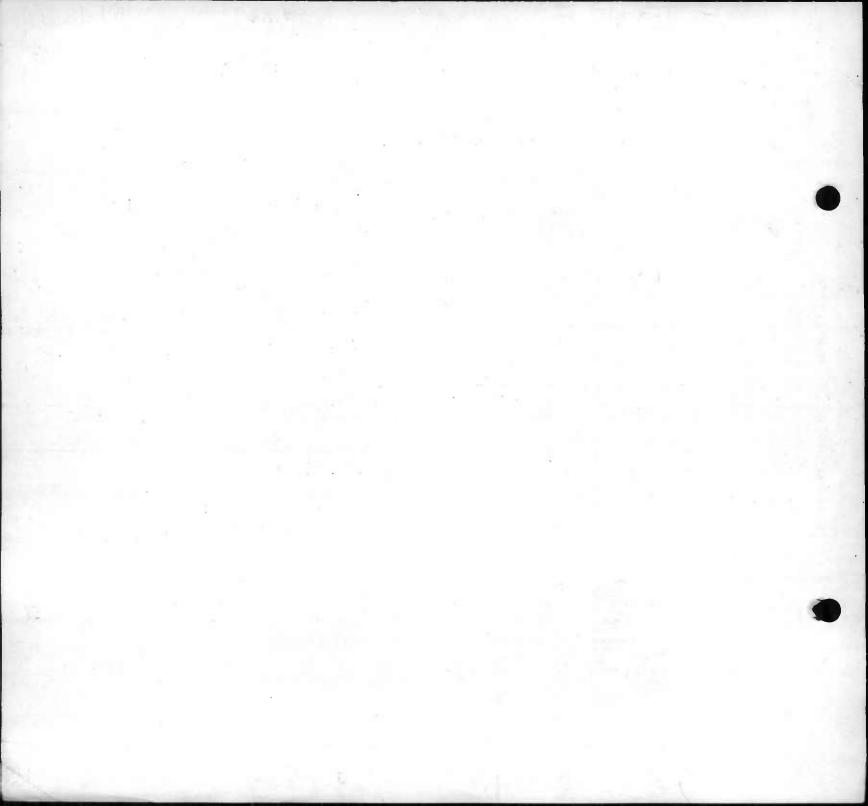
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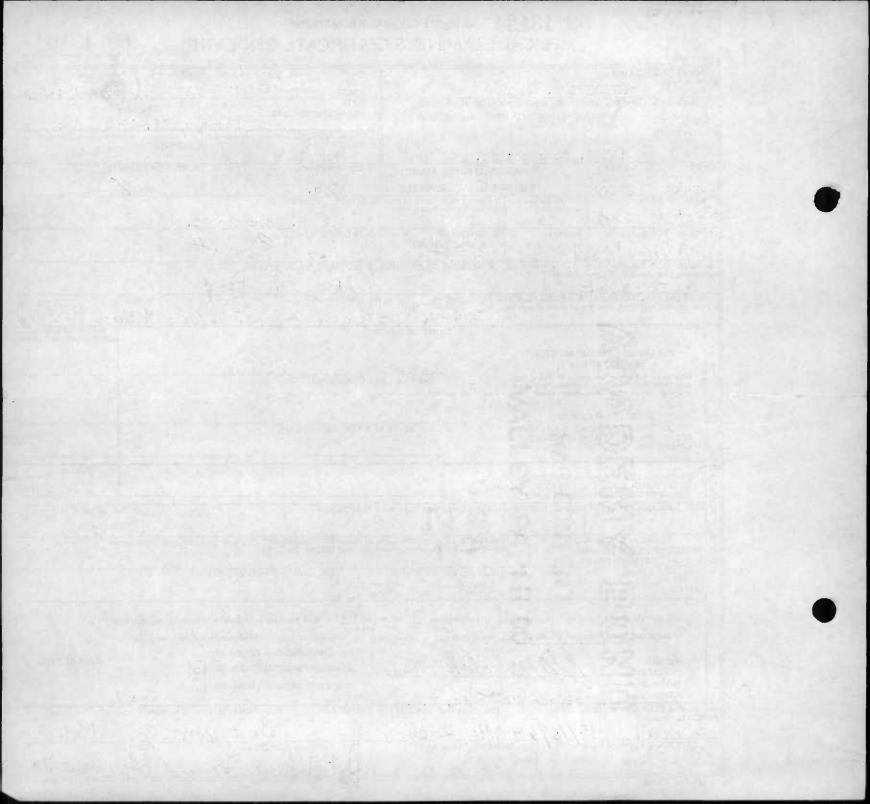
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

03	BALTIMORE CITY	HEALTH DEPARTMENT		69 13193			
BIRTH NO. 68 - 16909 13193	CERTIFICA	TE OF DEATH	REG. NO	101397			
1. NAME OF DECEASED (Type or Print) Cunthia Brown		2. DATE AND	ember 22,	1969 at 5:45 PM			
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOR	UNCED DEAD		deceased lived. If in	stitution: residence before admission			
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	UTION, GIVE STREET	Maryland C. CITY OR TOWN	Baltimore	DE CITY LIMITS?			
UNIVERSITY OF MARYL	AND HOSDITAL	Balti more		YES, NO			
38	HOD HOOFING	350   Ge	bston Dr.				
S. SEX  6. RACE  7. MARRIED  WIDOWED	NEVER MARRIED X		AGE (In years part birthday)	Months Doys Hours Min.			
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working life, even if retired)	BUSINESS OR INDUSTRY	Baltimore.	7V)c	12. CITIZEN OF WHAT COUNTE			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	1 10 1 17			
Josephs Brown		Jennette	GLAS	h.			
IS. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
No	-	Jennette C	1A x 1 3	501 Golston Dr.			
18. 247.91	CAUSE OF DEAT		777 35	APPROXIMATE INTERVAL			
DISEASE OR CONDITION DIRECTLY		Acom ATIO		The state of the s			
LEADING TO DEATH	(A) IMMEDIATE CAL			2 hours			
hearl foilure, as)henia, etc. Il meons the diseose,	(This daes na) meon the made of dying, e.g., hearl foilure, ashenia, etc. It meons the disease,						
injury ar complication which caused death.)  ANTECEDENT CAUSES	T	and Andrew					
DISEASES OR CONDITIONS, if ony, giving	(B) 16	A CONSEQUENCE OF:					
rise to the abave cause (A) sloting the	500 TO, 511 TO	TO THE GOLDEN CO.					
UNDERLYING CONDITION last.	(c)						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	11	.d	- Shunde				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	It	ydiocephal us	2 SHUMPS				
194. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED			
178. CONDITION TOR WAS PERFORMED		YES	IN CERIFFING CA	DISES OF DEATH!			
O 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF hom OR CONTRIBUTING CAUSE OF cause of the cause of th	ne, form, foctory, street, of	n or about 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If In Boltimor	e City, give exact location)			
	INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?				
OF INJURY (APPROX.) Wh	ile At Not While						
22. I certify that (I) (this haspital) attended t		Dec 2-2- 11	9 69 to	10			
that (I) (we) last sow the deceased alive an	2000			nian death accurred an the de			
and hour and from the causes stated abave. (			r many, aor, apr	and addin accorded an the a			
23A. SIGNATURE	i) (we) (did)(did not) V	tew the body offer death.		23B, DATE SIGNED			
Carolle Rumach	uD Atte	nding Med.	Shaff [	12/22/69			
23C. PHYSICIAN'S	DEGREE	23D. ADDRESS	Phys. 🗀				
NAME (Type)		UNIU OF MD					
24A. BURIAL CREMATION, 24B. DATE 24C. NA	GEGREE AME of CEMETERY OF CRI	3(10.0		ty, town, or county) (State)			
BUF181 12/27/69 1/12				111			
2SA, DATE RECO BY HEALTH DEPT. 25B. NAME O	F REGISTRAR	RSC. FUNERAL DIRECTOR	timore,	ADDRESS			
AN 1 2 1970 Pole & J. C. D. Se	1900	1918 117.9	MARKE	ItANIPI BAIT M			

Robert E. Faller M.D. B. 1900 Fut HW17. 3



C-530 69 13194 BALTIMORE CITY HEALTH DEPARTMENT	
MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	69 13194
BIKIH NG.	
1. NAME OF DECEASED    2. DATE   Known   Month   Doy   OF   OF	Yeor Hnur
MILDRED B. SMITH DEATH Estimoted 12 11	69 10:15 p.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  3. DATE  Month  Day  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET PRONOUNCED DEAD	Year Hour
HOSPITAL ADDRESS OR LOCATION)  December 11	. 1969 10:15 m.
A. STATE  B. COUNTY	on: residence belore odmission)
112 S. Stockton St. Maryland	1803
6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE C	CITY LIMITS?
	YES NO
P. DATE OF BIRTH 10. AGE (In years If Under 1 Yr, If Under 24 Hrs. E. STREET AND NUMBER Months; Doys; Hours; Min.	
Sept. 4, 1930 39 112 S. Stockton St.	
11. BIRTHPLACE (Stote or loreign country)   12. CITIZEN OF   (3) FATHER'S NAME	
MATY AND WHATCOUNTRY? Joseph Emerett	
4A.USUAL OCCUPATION (Give kind of work) 4B. KIND OF BUSINESS OR INDUSTRY 18 MOTHER SMAIDEN NAME, one during most of working life, even if retired)	
NONE DE MONE	
6. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL 18. INFORMANT	ADDRESS 12 01-
Yes, no or unknown) (If yes, give wor or doles of service) 218-26-5155 lugere Smith 100.5)	4c Kaan Balt Mil
19. CAUSE OF DEATH	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH	
(This does not mean the mode of dying, e.g., heart foilure, ostheria, etc., it means the disease.	
injury or complication which coused death.)	
ANTECEDENT CALLERS	
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING  DUE TO, OR AS A CONSEQUENCE OF:	************************
RISE TO THE ABOVE CAUSE (A) STATING THE	
(c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WAS PERFORMED	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL  DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION   208. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No)
O A	21. AUTOPST? (Tes or No)
✓ 22A. EXTERNAL CAUSE WAS   22B. PLACE OF INJURY(e.g., in or obout 22C, WHERE DID (if in Soltimore City, give a)	YES
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give et home, form, loctory, street, office bldg., etc.) INJURY OCCUR?	tact location)
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22B. PLACE OF INJURY(e.g., in or obout 22C. WHERE DID (If in Soltimore City, give en home, form, foctory, street, ollice bldg., etc.) INJURY OCCUR?	
OF INJURY	
(APPROX.)  m. WHILE AT NOT WHILE AT WORK	
resulted fram: Natural causes XX Accident Suicide Homicide Undetermined manner	
ACTUAL CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE ASSISTANT MEDICAL EXAMINER CON	
EXAMINER'S  NAME (Type)  ASSOCIATE MEDICAL EXAMINER	
NAME (Type)  I sidore Mihalakis M. D.  24A. BURIAL CREMATION,   24B. DATE   24C. NAME of CEMETERY or CREMATORY   24D. LOCATION (City, low	12/12/69
REMOVAL (Specify)	rn, or county) (Stote)
BUTIA 12/16/69 Mt. AUDUTN DAKIMOTE,	o, Md,
258. NAME OF REGISTRAR ASC. FUNERAL DIRECTOR	ADDRESS 200
JAN 13 19/0 Valent E. Jailey M.D.	Have Bolt mes
S 151-REV, 1/1/68	TO WE TO THE



1	BALTIMORE CI	TY HEALTH DEPARTMENT
ם בס פ ב	W-325 69 13195 CERTIFIC	ATE OF DEATH REG. NO. 69 13195
of death of death Deceased e on the ith. Such	I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
f de de on on h.	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	Dec. 29, 1969 2-15 A-M
		A. STATE B. COUNTY
d S D D	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
ca use; tend	Lusueran Hospital of MD	Baltimore YES NO NO
ing cau att	1//	E. STREET AND NUMBER 2251 Reisterstown Ro-
ar ar	5. SEX   6. RACE (C)   7. MARRIED   NEVER MARRIED	DATE OF BIRTH 9. AGE (In years If Under 3 Yr. If Under 24 His.
tri min	Bept WIDOWED DIVORCED	9. AGE (In years lost birthday)  11-2-86  9. AGE (In years lift Under 1 Yr. If Under 24 His. Months Days Hours Min.
th och con detering in re eceas on is	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST	
or nde irio	DOMESTIC HOME	South CAROLINA 25.A.
direct or ;; (4) Unc th was on the d	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	15, Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
istan he d kind; death ce or nal d	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	
fi fi	118. / 3 CAUSE OF DEA	ATH APPROXIMATE INTERVAL
fo, if fany nced nced or d or	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
Als Als e o nou att	LEADING TO DEATH  (This does not mean the mode of dying, e.g.,	AUSE Hepatoria S A CONSEQUENCE OF:
ctur ctur ar	heal failure, asthenio, etc. It means the disease, injury or complication which coused death.)	S A CONSEQUENCE OF:
fraction fra	ANTECEDENT CAUSES (B)	stal circhesis
xan xan y A wh	DISEASES OR CONDITIONS, if ony, giving USE Io the above couse (A) stating the	AS A CONSEQUENCE OF:
ical estal e	UNDERLYING CONDITION last. (C)	
dica dica irns rsic was	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
mec y bu phy ian e re	TO THE DEATH BUT NOT RELATED TO THE TERMINAL    I DISEASE OR CONDITION GIVEN IN PART 1 (A).	
a od od	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes of No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
he ch by (2) By re th phy fore	U 21A, ACCIDENT WAS UNDERLYING 21R PLACE OF INTERPLACE	., in or obout 21C. WHERE DID (If in Baltimore City, give exact location)
tal tal her Lo bef	OR CONTRIBUTING CAUSE OF home, form, foctory, street,	office bldg., INJURY OCCUR?
ature pt w (6) r	OF INJURY (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
e hosp natu cept v nd (6)	(APPROX.) While At Not Work Not Work	rk 🔲
2 5 7 X 2 2	Late I certify that (1) (this haspital) attended the deceased fram	10-27- 1969 1012-29- 196
of an of an (e. th); of be of	that (I) (we) last saw the deceased alive an 12-29 -	19 57 and that in(my) (aur) aplnian death accurred an the date
ased to dent of ospital death) must be	and haur and fram the causes stated abave. (I) (We) (did) ( <del>did not</del> )	238. DATE SIGNED
J W C -		strending Med. Director Phys. 12/29/69
s res	23 C. PHYSI CIAN'S NAME (Type)	23D. ADDRESS
was r was r A. at a prior pprov	KANTILAL T JABHMA	a Custieran Hespital of MP
This certificate m the body was rel shows: (1) An acc was D.O.A. at a deceased prior to	REMOVAL (Specify)	CREMATORY 24D. LOCATION (City, town, or county) (Stole)
This ce the books: was D. deceas	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	BAC. FUNERAL DIRECTOR ADDRESS A
This the back was dece	JAN 13 1970 RRAF 3 0 5,9 0 0	NOB Johnson Balton Md
	VS 150-REV. 1/1/68	

WHITE CALLS THE STATE OF SHIP Hepatoma Portal circles 1 12-29- 69 12 -1 Kartelet I that was " x 147/67 want rejulent manners on HOHS. I TUTIONEL

obtained before

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must

approval at a

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prior

deceased written

D.O.A. shows: (1)

SD M

MEDICAL

use of death (5) Deceased

a hospital

Such

death.

40

prior

u<sub>o</sub>

attendance cause

BALTIMORE CITY HEALTH DEPARTMENT 69 13196 69 13196 REG. NO. CERTIFICATE OF DEATH BIRTH NO. TE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) a B. COUNTY institution: residence before 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESI odmission) A. STATE FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY D. INSIDE CITY LIMIT NO E. STREET AND NUMBER Hrs. TRY?

5. SEX 6. R	AGE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH	9. AGE On years	If Under 1 Yr. , If Under 24
Male 1	regro widow		3/10/85	lost birthday)	Months Doys Hours Min
10A, USUAL OCCUPAT	TION Give kind of work 108, KIND	OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or	foreign country!	12. CITIZEN OF WHAT COUN
done during most of worki	ing life, even if retired)		Checker.	Saw mes	11.S.A
13. FATHER'S NAME			14. MOTHER'S MAIDEN	VAME /	
			mattice a	Barris	
	r in U. S. Armed Forces? yes, give wor or dotes of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT	1 1	ADDRESS
No	,,	337-24 2119	nursery X	tome secon	do
18,	X I	CAUSE OF DEA	ATH Y/	1)	APPROXIMATE INTERVA
DISEASE	R CONDITION DIRECTLY	1	. 201	to-	BETWEEN BRISET AND DE
	DING TO DEATH	1 12-0-	en com of Of 11	11000	
(This does not r	mean the made of dying,	(A) MMEDINE	S A CONSEQUENCE OF:		
heart failure, asth	nenia, etc. It means the dise		S A CONSEQUENCEOF:		
injury at complic	atian which caused death.)				
ANT	ECEDENT CAUSES	1/1/e/a	athres		
DISEASES OR	CONDITIONS, if any, giv	ing DUE TO, OR	AS A CONSEQUENCE OF:		
	bave cause (A) stating				
UNDERLYING C	ONDITION last.	(c)	•••••	,-,,	
	11				
O OTHER SIGNIFICAL	NI CONDITIONS CONTRIBUTION	NG			
= TO THE DEATH BU	IT NOT RELATED TO THE TERMIN	IAL		***********************	
■ DISEASE OR CONE	DITION GIVEN IN PART I (A).				

19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY 20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location)

DEATH (notify medical examiner) etc.) 21 D. TIME OF INJURY (Month) (Doyl (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?

While At (APPROX.) Work

22. I certify that (1) (this hospital) attended the deceased from and that in (my) that (1) (we) last sow the deceased alive opinion deoth occurred on the date

phove (1) (Wet (did) (did not) view the body after deoth. and hour and from the couses stated 23A. SIGNATURE 28 B. DATE SIGNED

Attending Med. Phys. Director

23 C. PHYSICIAN'S NAME (Type) 23D. ADDRESS

24C. NAME of CREMATORY

24D. LOCATION

Staff

Phys.

25C. FINERAL DIRECTOR

ADDRESS

VS 150-REV. 1/1/68

24A. BURIAL

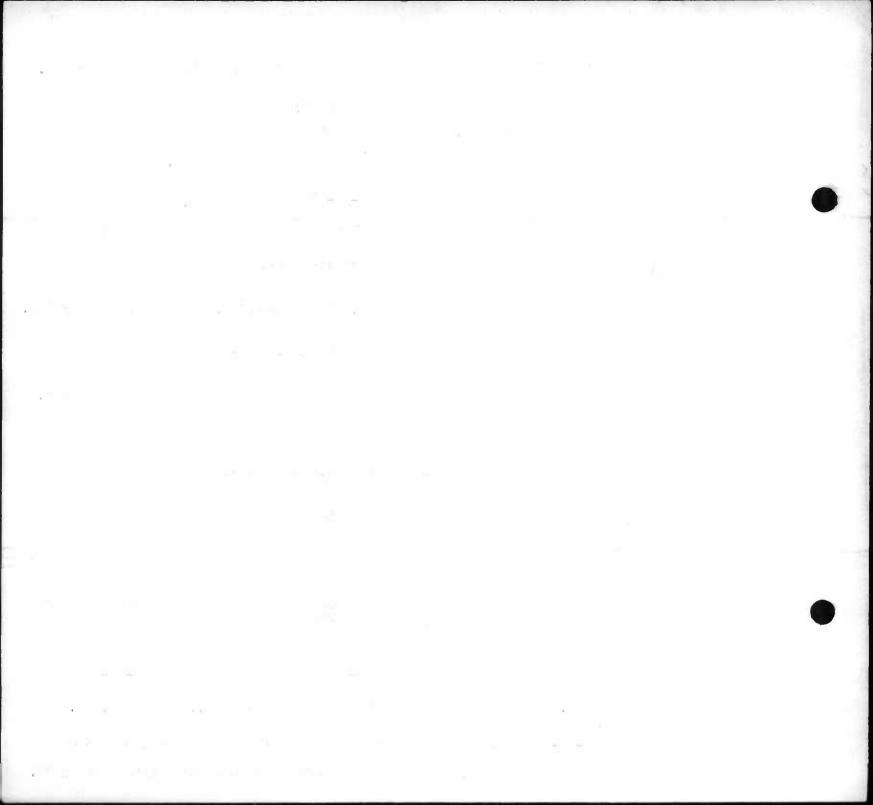
BURIAL CREMATION,

AN 9 19

Mille Evenin 

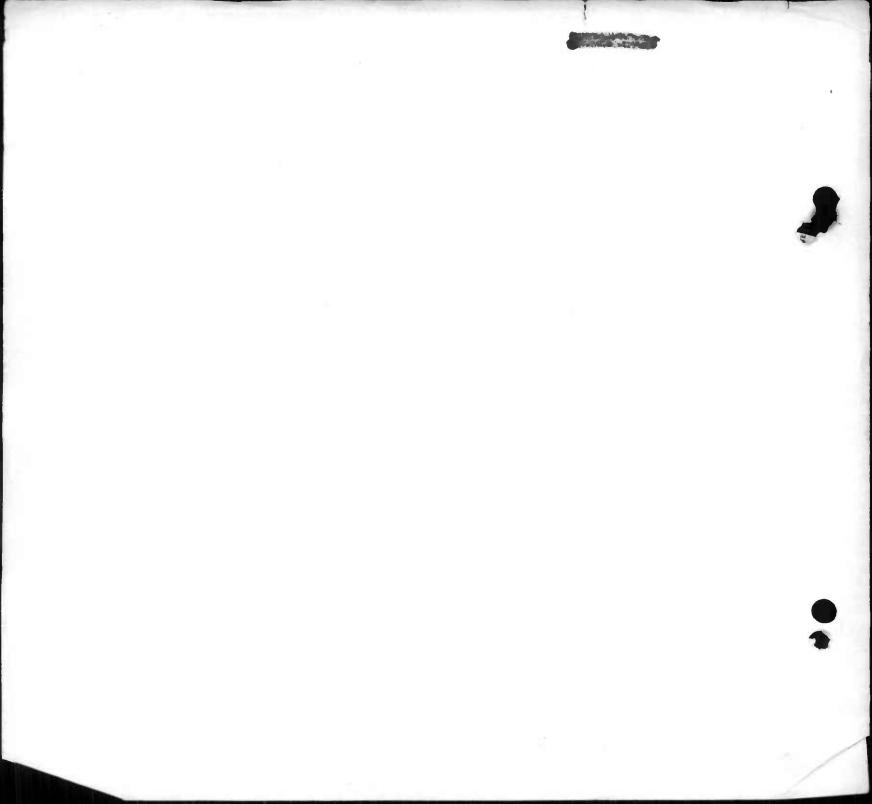
This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	13197
DIRIT INC.	
(Type or Print) Rona Cavalier 2. Date and Hour of Death December 21, 1969	7:00 A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, If institution: resinal state of the pronounced of the pro	M.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Maryland	2755
INSTITUTION D. INSIDE CITY LIM	
6050 Green Meadows Pkwy.  Baltimore YES   E. STREET AND NUMBER	NO 📗
6058 Green Meadows Pkwy.	
5. SEX   6. RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   If Under   Months! D	Ys. If Under 24 His.
WIDOWED DIVORCED 6-10-30 39 VCS	
Idone during most of working life, even if retired)	N OF WHAT COUNTRY?
Housewife Home Maryland U	SA
13. FATHER'S NAME	-
Morris Scherr Tillie Milston	
15. Was Deceased Ever in U. S. Armed Forces? [Yes, no of unknown] (If yes, give war of dates of service)  SECURITY NO.	ADDRESS
No Mr. Harold Cavalier, 6058 Green	MeadowsPkwy.
	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	TWEEN ONSET AND DEATH
LEADING TO DEATH  (A) IMMEDIATE CAUSE Pulmanary Edema	
then does not meen the made at dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:	
injury or complication which caused death.)	3 yrs.
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the	
UNDERLYING CONDITION last. (C)	
Z OTICS CONTRACT OF THE CONTRA	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19R. CONDITION FOR WHICH OPERATION WAS PERFORMED  19A. AUTOPSY? (Yes of No) NO  10 CERTIFYING CAUSES OF DE.	ONSIDERED
OP CONTRIBITING CALLER OF	exoct location)
DEATH (notity medical exominer)	
21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While Al Not While	
(APPROX.) While Al Work Al Work	
22. I certify that (I) (this hospital) attended the deceased from June 19.69 to Decemb	per 19 69
that (1) (we) last saw the deceased alive on Dec. 20 19 69 and that in (my) (aur) opinion death	
and have and from the causes stated above. (1) (We) (did) (did nat) view the bady after death.	
23A. SIGNATURE	
DEGREE!	21-69
23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS	
Arthur A. Serpeck 6000 Park Heights Ave., Baltimor	re, Md.
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City. town, or c	
Burial 12-22-69   Hebrew Young Mens   Windsor Mill Road, Ma	
JAN 14 1970 256, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Bros. 6010 Reist	ADDRESS
Vs 150-REV. 1/1/68	Dela comit ind



This certificate must be approved by the chief medical examiner or his assistant if detail occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

H-63069-2392969 13198 CE	TIMORE CITY H	EALTH DEPARTMENT		69 13198 -		
BIRTH NO.	RTIFICAT	E OF DEATH	REG. NO.	00 10100		
1. NAME OF DECEASED			NO HOUR OF DEATH	110		
Baby Boy Howard			2 22 69 11	AM   M.		
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEA	AD A	LUSUAL RESIDENCE (Whe	re deceased lived. If in:	stitution: residence before admission)		
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE	11-	MARYLAND	BALT	IMORE 907		
INSTITUTION		CITY OR TOWN	D. INSI	DE CITY LIMITS?		
UNIV. OF MARYLAND UNIV.	HOSP. E	STREET AND NUMBER		YES NO		
3 ?		2722 The	Alameda			
5. SEX 6. RACE 7. MARRIED NEVER		DATE OF BIRTH	9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
// WIDOWED □ DI	VORCED [	12-122-169		Months Doys Hours Min.		
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS (done during most of working life, even if retired)	OR INDUSTRY 11.	. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?		
13 6421		Baltimore	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	USA		
13. FATHER'S NAME	14.	MOTHER'S MAIDEN NA	ME			
Walke Howard		LULA DE	hitaker			
15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) Ill yes, give wor or dotes of service) SECURI	TY NO.	INFORMANT		ADDRESS		
100 100 100		Chari				
DISEASE OR CONDITION DIRECTLY	E OF DEATH		4	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
LEADING TO DEATH	MACDIATE CAUSE	Promy Aday	distin	4600 400		
	MEDIATE CAUSE UE TO, OR AS A C	ONSEQUENCE OF:	0-00-67	11000 1 01/W		
injury or complication which caused death.)			)			
ANTECEDENT CAUSES (B)	************					
il lune to the appare conse (W) Stelling life	UE TO, OR AS A C	CONSEQUENCE OF:				
UNDERLYING CONDITION last. (C)			************	***************************************		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	**********			***************************************		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A].  19A-DATE OF OPERATION 179E CONDITION FOR WHICH OPER WAS PERFORMED  21A-ACCIDENT WAS UNDERLYING 121E PLACE OF 1	ATION	20A. AUTOPSY? (Yes or No	208, IF YES, WERE FI	INDINGS CONSIDERED		
U 21A. ACCIDENT WAS LINDERLYING TO 1218 BLACE OF	Allen M ( - 2	yes				
OR CONTRIBUTING TO CALLER OR	ory, street, office	bldg., INJURY OCCUR?	(It In Boltimore	City, give exect location)		
21D-TIME (Month) (Dov) (Year) (Hour) 21E INILIES OF	CILERED	21F. HOW DID INJ	104 0001100			
[ [APPROX]	Not While	7	DRI OCCUR!			
22. I certify that (I) (this hospital) attended the decease	Work L At Work L					
that (1) (we) lost sow the deceased alive on	12/22	1.5	969 to			
	and that in (my) (out) opinion deoth accurred on the date ond hour and from the causes stated above. (1) (We) (did) (did not) view the bady after death.					
23A- SIGNATURE	1	The body enter dealing		23B, DATE SIGNED		
Norma J Jarelbaky M	Attendin Phys.	Med. Director	Stoff Phys.	12/22/69		
23C-PHYSICIAN'S NAME (Type)	230	APPRENT ROA	PD OF MA	RVIAND		
	DEGREE	AIOMI DOM	AD OF HEAT	MILMID		
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEM	ETERY OF CREAT	THYS HULTERING	CATION	towns or doubted (Stote)		
1-15-70						
1AN 16 1970 Call E. Jack M.D. 9	MORT	AC FINEAL ORED OF	ICE - BCH	ADDRESS		
HAM ID 13/10 - PROSE C. PROSE TO Y						



VS 150-REV. 1/1/68

	TIMORE CITY HEALTH DEPARTMENT	24.00
69 13199 CE	RTIFICATE OF DEATH REG. NO. 69 10	733
BIRTH NO.		
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	7
(Type or Print) Hollister Thend	ore 12/17/69 8 P.M. 16	y M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DE	AD 4. USUAL RESIDENCE (Where deceased lived/ If institution: residence	e belare admission)
	A. STATE B. COUNTY	1
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIV	E STREET HORYL how V> Mur Sigray	Dor
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LYMITS?	
Harley View . M. C. C	YES X	NO
Harbor View. M. C.	E. STREET AND NUMBER	101
90 12/3 light At	In 12 \ \	1-30
10 12/3 Right AT	1/2 1 - SANT 03,	
5. SEX 6. RACE 7. MARRIED NEVER	MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Days	If Under 24 Hrs. Hours Min.
M WIDOWED W D	VORCED 7-18-80 89	
OA. USUAL OCCUPATION (Give kind of work) 10 B, KIND OF BUSINESS		WHAT COUNTRY
done during most of working life, even if retired)	ok hebosiki iii. Bikirireace (sible of loreign coomiy)	01
	W ( hoster les	. 4
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	, ,
J. PAINER 3 NAME	14. MOTHER 3 MANDER NAME	
S. Was Deceased Ever in U. S. Armed Forces? 16. SOCIA	17. INFORMANT ADDI	ESS
Yes, no or unknown) (If yes, give wor or dotes of service) SECUR	ITY NO.	COLLY
154-	25-2554 e sue follow 1209 W. 1-rd.	XXXX 1
	SE OF DEATH	OXIMATE INTERVAL
4/0.4 4 00000	O A A	N ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	he of	21
LEADING TO DEATH	MMEDIATE CAUSE / COLONO MICHINOCULA	ra.
(This daes not mean the made of dying, e.g., heart failure, osthenio, etc. It means the disease,	DUE TO, OR AS A CONSEQUENCE OF:	
injury at camplication which caused death.)	1 Joy mile	
ANTECEDENT CAUSES	art soo on o	
(8)	VI Telesco	
	DUE TO, OR AS A CONSEQUENCE OF	
rise la the obave cause (A) stating the	Cors or District Sco -	
UNDERLYING CONDITION last. (C).		
11		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Digoste Mollita	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL	your on proceeding	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	RATION   20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONS	IDERED
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH	?
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	h 41 \
21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF home, lorm, for	INJURY (e.g., in or about 21 C. WHERE DID (If in Boltimore City, give exact story, street, office bldg., INJURY OCCUR?	lo cotion)
DEATH (notify medical examiner) etc.)		
21D.TIME (Month) (Day) (Yeor) (Hour) 21E, INJURY C	CCURRED 21F. HOW DID INJURY OCCUR?	
OF INTURY		
(APPROX.) While At Work	Not While At Work	
22. I certify that (1) (this hospital) attended the deceas	ed from 11/28 19 6 7to 12/17	19.67
that (1) (we) last saw the deceased alive an.	19 9 and that In(my) (our) opinion death acc	urred an the dat
and have and from the causes stated above. (1) (We) (dt	1) (1:1 a) a a b b d	
23A. SIGNATURE	23B, DATE SIG	ED
Remelle meleurla	Attending Med. Staff Director Phys. 12/81	6)
23C PHYSICIAN'S	DEGREE PHYS. 23D. ADDRESS	10
23C. PHYSICIAN'S NAME (Type)	+ 200 MURESS 15 71. 11.	4 K 211
KENNETh CTULER	1/2 My 1/3 W. Molluners	1 Maltake
	METERY OF CREMATORY 24D. LOCATION (City, town, or cour	(Stote)
REMOVAL (Specify)	M. COLIN, OF COOL	() (Siole)
Burio 1116/10 Mt. Ch	Very (l) a ll (andre )	Xhs d
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTR		PORESS
IAN 16 1070 0 00 6 700	1 100 1 100 1 1/10 1/10 1/10 M	A
LAN IN CHAIR DATE OF A STATE	1 Was 2 -7 2 May 11/1 11/2 VII 11/1/4/2	1 0

Called Harbor View Hursing Home address of deceased is 1209 andrey ave, Philadelphia, Pa.

Hour

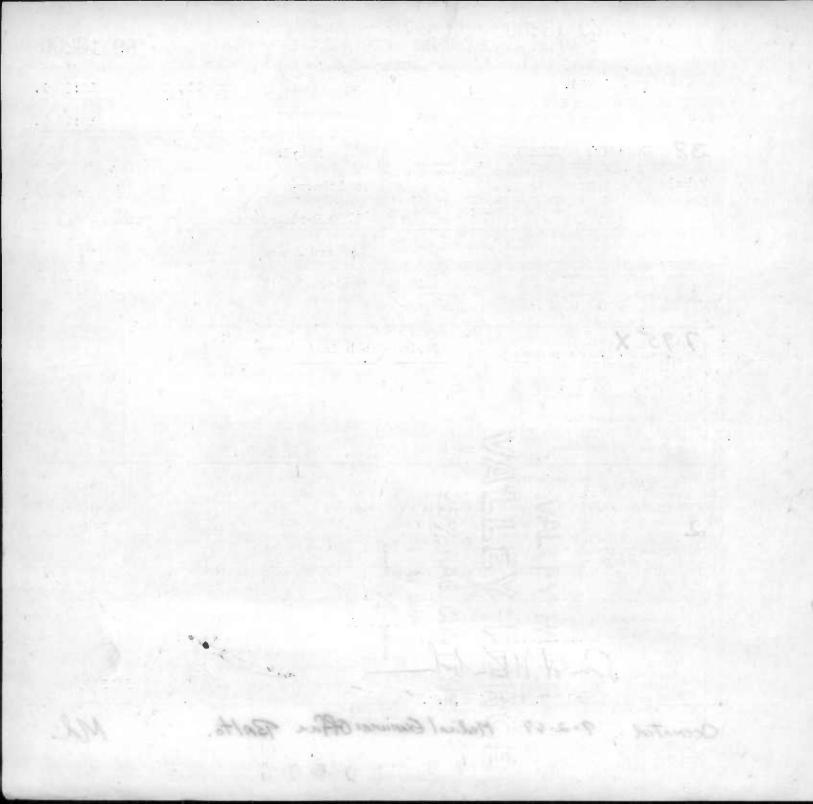
Hour

yes

DATE SIGNED

10:10 P.

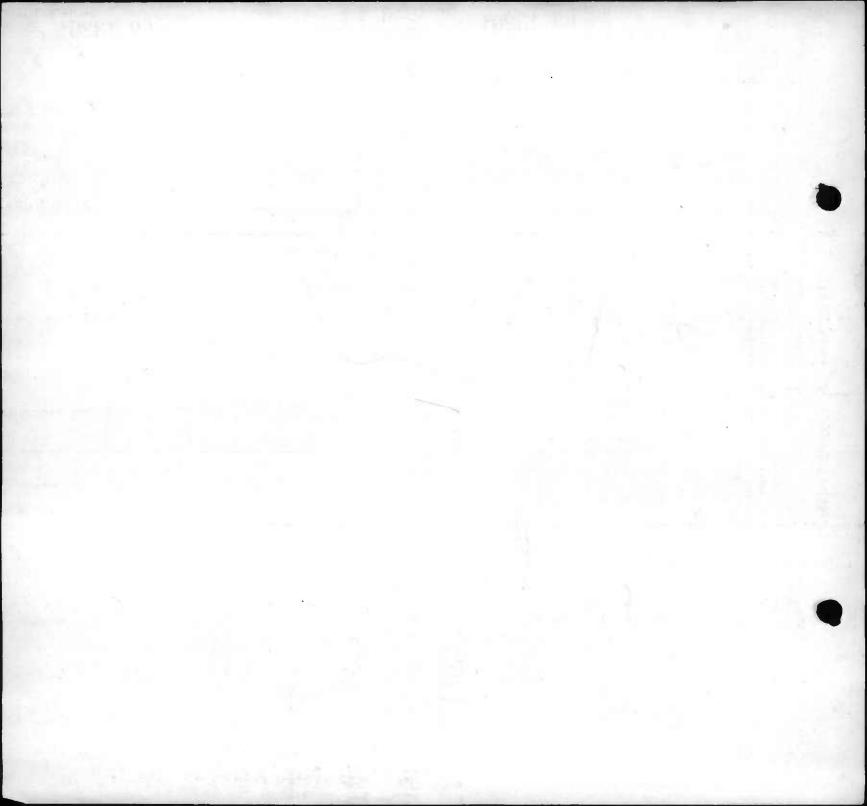
10:10 P.



## FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	69 120	BALTIMORE CITY	HEALTH DEPARTMENT					
	пн но. 69-24458 132	U1 CERTIFICA	TE OF DEATH	REG. NO.	9 13201			
	Pe or Print) MONIQUE K	ENEE COO	PER 126	HOUR OF DEATH	1 45 P.M			
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If institution	in: residence before admission)			
FU	ILL NAME OF (IF NOT IN HOSPITAL OR IN	STITUTION, GIVE STREET	MaryXand	Baltunor	C 15.10			
	STITUTION BUN SECOURS	HOSPITAL.	C. CITY OR TOWN	D. INSIDE CI				
	2-/127521 75 1/16	C	E. STREET AND NUMBER	YES	NO L			
	34 L Balt . Jud. 7	12/3	3408 Oak	field St.	# 71707			
5.	Female Negro MARR WIDOW		Lec. 6 1969	AGE (In years III L Man	Under 1 Yr. If Under 24 Hrs. Min.			
	USUAL OCCUPATION (Give kind of work 10 B. KINE during most of working lile, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	a country) 12.	CITIZEN OF WHAT COUNTRY			
1		~	Ma	4	Ws.			
13.	FATHER'S NAME	14	14. MOTHER'S MAIDEN NAM	E ()				
15.	Wos Deceased Ever in U. S. Armed Farces?	16. SOCIAL	17. INFORMANT	Looper	ADDRESS			
(Ye	s,na ar unknawn) (If yes, give war ar dates of servi	SECURITY NO.	THE CRITICAL PROPERTY OF THE CONTRACT OF THE C	,				
	1B.	CAUSE OF DEATI	4		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY		Λ ρ .		7			
	LEADING TO DEATH  (This does not meen the mode of dying,	(A) IMMEDIATE CAU	SE A SILLY XIGU		9 min.			
	heart failure, asthenia, etc. It means the dise		A CONSEQUENCEJOF:					
	ANTECEDENT CAUSES	Acalin	alami a n	all candi los	1(17)			
	DISEASES OR CONDITIONS, if ony, give	ving (B) DUE TO, DR AS	A CONSEQUENCE OF:		1102			
	rise to the obove couse (A) stoling UNDERLYING CONDITION lost.	the (c) Druc	he belowers					
	II.	(0)			1000 1010000000000000000000000000000000			
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION		٥,					
CATI	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).		120 A	000 15 450 1450 51101	LOS CONCIDENTS			
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUSES	OF DEATH?			
CER	121A, ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g., i	n ar about 21 C. WHERE DID	(If in Boltimore City,	, give exact location)			
A	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, farm, lactary, street, of etc.)	fice bldg., INJURY OCCUR?	,				
EDIC		21E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?				
2	(APPROX.)	While At Not While Work At Warks		1	1			
	22. I certify that (I) (this haspital) attended		LC: 10 11	69 to Rec.	19 6 9			
	that (1) (we) last saw the deceased alive	1/ -	19 6 and the	t in (my) (aur) opinian	death accurred an the dat			
	and haur and fram the causes stated abave. (I) (We) (did) (did nat) view the bady after death.  23A. SIGNATURE  23B. DATE SIGNED							
	Vindelina 9.	O CONTROL After Phys	nding Med. Director	Staff Phys.	2/6/69			
	23C. PHYSICIAN'S NAME(Nype)		23D. ADDRESS	[] .10	Ros 1.1			
	CUDICINA M. C	) E GAH DEGREE	Hon Accoun	1 toptal	falt. Md.			
24.	A BURIAL CREMATION, 24B. DATE 241	C. NAME of CEMETERY OF CRI	MATORY 24D. LO	CATION (City, to	wn, ar county) (State)			
	148/61	ST. VEIERS	15	3A110, NO	•			
25	JAN 26 1970 Resident		1 BIOMASS A	ENNY We BI	ALTO Md.			
VS	1SO-REV. 1/1/6B			1	1			



written approval must be obtained before the remains are embalmed or final disposition is made.

AN 26 1970 Policy &

C-415 69 13202	BALTIMORE CITY	HEALTH DEPARTMENT		69 13202 4
0 1/2 001 00	CERTIFICA	TE OF DEATH	REG. NO.	00 1.0000
I. NAME OF DECEASED	1		D HOUR OF DEATH	
(Type or Print) BABY BOY OF ANT	DINETTE GU		69	1:12 PM.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (When	TV receosed lived. It instit	lution: residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION)  (IF NOT IN HOSPITAL OR INSTITUTION)		C. CITY OR TOWN		: CITY LIMITS?
SINAI HOSPITAL OF B	MITHORE	E. STREET AND NUMBER		LEURROW ST.
4-2		Betvedere 1	tre At GI	reenspring 3
5. SEX 6. RACE 7. MARRIED [ WIDOWED [	NEVER MARRIED   DIVORCED	12/5/69	9. AGE (In years lost birthdoy) NOWBOYN	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working life, even if retired)  CHILD  Nov		Sinoi Hospital	gn country)	USA .
13. FATHER'S NAME	Unknown	14. MOTHER'S MAIDEN NAM	le Glavia	20
15, Wos Deceased Ever in U. S. Armed Forces? (Yes, no grunknown) (If yes, give wor or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
18. 776.9	CAUSE OF DEATI			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		Apried		40 40
(This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAU	A CONSEQUENCE OF:		tomin.
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)				- 1 300
ANTECEDENT CAUSES	(B)	PREMATUR	iry	
DISEASES OR CONDITIONS, if ony, giving tise to the obove cause (A) stoting the	DUE TO, OR AS	A CONSEQUENCE OF:		
UNDERLYING CONDITION last.	(c)			h++===================================
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OF DISEASE OR CONDITION GIVEN IN PART 1 (A).				
DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 121B.	VHICH OPERATION	20 A. AUTOPSY? (Yes or No	208, IF YES, WERE FIN IN CERTIFYING CAUSI	DINGS CONSIDERED ES OF DEATH?
OR CONTRIBUTING CAUSE OF hom	e, form, foctory, street, of	n or obout 21 C. WHERE DID	(If in Boltimore C	City, give exoct location)
U OF INJURY	INJURY OCCURRED  le At Not While At Work	21F. HOW DID INJ	URY OCCUR?	
22. I certify that (I) (this hospital) attended the	ne deceased from		19 to /2	15-109 19
that (I) (we) lost sow the deceased alive on	17/10/11	919and the		on death occurred on the date
ond haur ond from the couses stoted obove. (I	) (We) (did) (did not) v	iew the body ofter deoth.		an and district
23A. SIGNATURE) He As homen,	DEGREE Phys		Shaff Phys.	Amn 12/5/69
23C. PHYSICIAN'S Ruth Ashman,	M.D	SINDI HOS	spital	949
24A. BURIAL CREMATION, 24B. DATE 24C.NA	ME of CEMETAY CR	MATORY DUA 2403 L	CATION	(Slote)

SINBI HOSPITAL

24C. NAME OF CEMETALY FIGURATORY DA 124D LOCATION: A CEMPTAL

25B. NAME OF REGISTRAY DOWN SILVERNAL DIRECTOR COLLARS SCHOOL

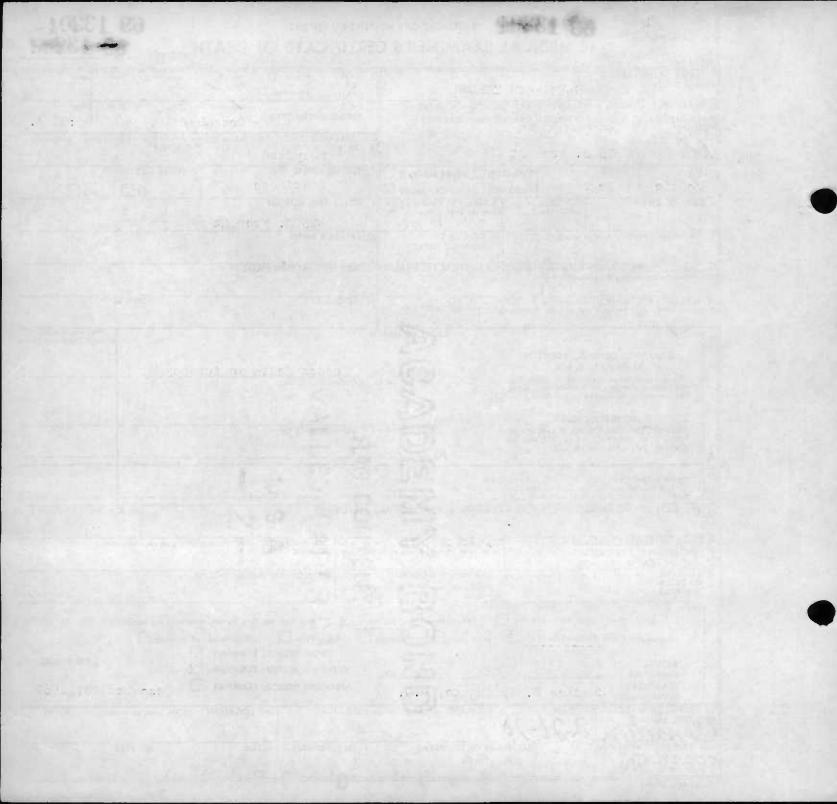
MORTUARY SERVICE BCII

Account Samuel Apres PROBLEM 187 10/5/2 J. Lowery M.D. Acres (25/26) S. H. M. Torper " B.

В	R-163	69	MED	ICAL	BALTIMO EXAMIN	RE CITY HE	ALTH DEPAR	TMENT CATE OF	DEAT	TH REG. NO	0	13203
	NAME OF DEC	EASED					2. DATE	Known 🔲	Month	Doy	Yeor	Hnur
Civ	ype or Print)	J	OSEPH I	ROBER	TS		OF DEATH	Estimated	12	26	69	7:00 p
4.	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD				3. DATE		Month	Doy	Yeor	Hour		
FL	JLL NAME OF OSPITAL	(IF NO	TIN HOSPITA	LORINS	TITUTION, GIVE ST	REET	PRONOU	NCED DEAD	Dece	mber 26	. 1969	7:00 p
0	RINSTITUTION		me & Ho		a1		A. STATE	SIDENCE (Where				
6.	SEX	7. RACE			HED NEVER A	AARRIED	C. CITY OR			D. INSIDE	ITY LIMITS?	
	Male	Whit	<b>A</b>	WIDOY		VORCED [	Balto.			1	YES 🗌	NO 🗆
11-	DATE OF BIRTH		10. AGE (In lost birthdo	yeors	If Under 1 Yr. II I Months   Doys   1	Inder 24 Hrs.		ND NUMBER	and St		155 🗀	NO L
11	BIRTHPLACE (S	tate or loreig			12. CITIZEN OF WHAT COU		13. FATHER'S		ond be			
l4,	A.USUAL OCCUI	PATION (Giver orking lile, ev	e kind ol work en if retired)	48. KINE	OF BUSINESS	OR INDUSTR	Y IS. MOTHER	'S MAIDEN NA	ME			
16. (Ye	. WAS DECEASE es, no or unknown)	D EVER IN	U.S. ARMED	FORCES of service	17. SOCIA SECUR	L ITY NO.	IB. INFORM	ANT		-	ADDRESS	
		EADING TO of meon the osthenia, etc.	mode of dyl	ng, e.g., disease,	A	IMMEDIATE (	sclereti	Lc cardio	vascul	ar dise	BETW	PPROXIMATE INTERVA
ERTIFICATION	RISE TO THE	IG CONDITI	ONS, IF ANY USE (A) STAT ON LAST.  II IDITIONS CO	ONTRIBU	(c)		as a conseq	of left	femur			
	DISEASE OR	CONDITION	GIVEN IN PA	RT 1 (A)								***************************************
II S	ZUA. DATE OF	OPERATION	A SOB. CON	IDITION	FOR WHICH OP	ERATION W	AS PERFORME	D			21. AUTO	PSY? (Yes or No)
1	de											YES
MEDIC	UNDERLYING	JSE OF DEA	TRIB-		Stre	et		C. WHERE DID ( JURY OCCUR? Central Av	ve. fr	om E to		
	OF INJURY (APPROX.)	12 12			WHILE AT WORK	NOT AT V	WHILE ORK	Pedestria			auto	
		ed from: N	eld on Ir	lund.	Accident D	M,D	ASSIS	and that an the nicide I HIEF MEDICAL ETANT MEDICAL ETANTE MEDICAL	Undeterm XAMINER XAMINER	Ined manner		DATE SIGNED
RI	IA. BURIAL CRENEMOVAL (Specif	AATION, 2	48. DATE 2 - 4	-70	24C. NAME of	CÉMETERY	or ATEMATOR	DCITY	MED	CAL S	SCHOO	(Stote)
25	FEB 9	BY HEALTH I	Roberts	258, N	AME OF REGIST	RAR	MO	RTUAR E	SEI	RVICE	ADDRESS BCI	ID
VS	151-REV. 1/1/68	11	820	4	, ,		0					

70-1425 ANDERS CO : Tare a 'mag of a case of constitution and another than the state of the second second

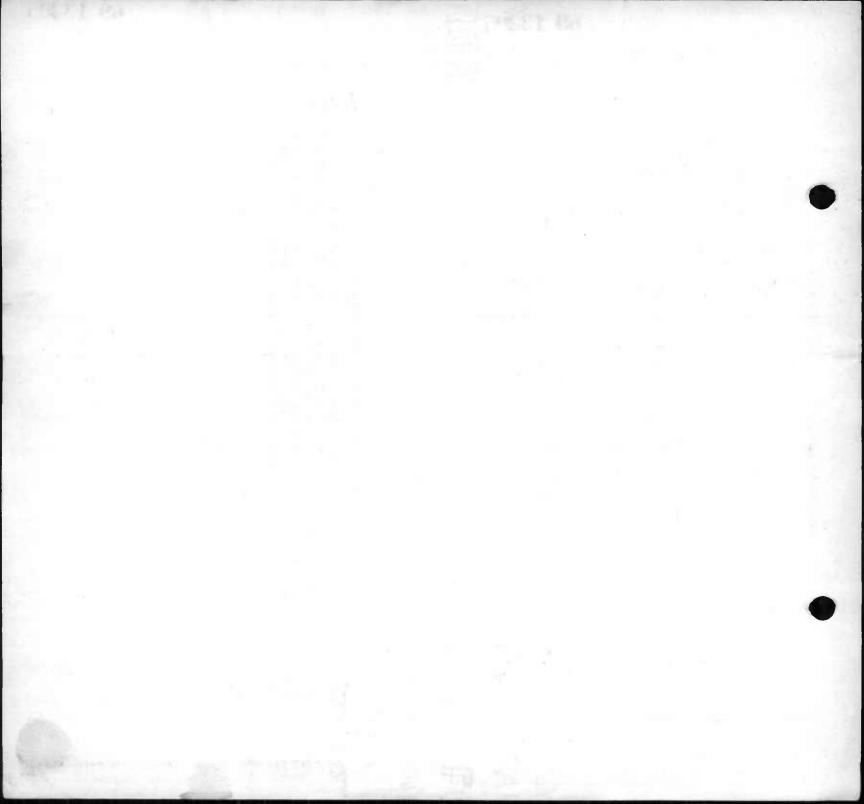
BIF	7-46 RTH NOG9/	9040	MED	ICAL	EXA	ALTIMORE CITY H	CERTI	PART	MENT	OF	DEAT	H REG.	NO	69 1 80	3403	-
1. 1	NAME OF DEC	EASED	physical and the second	ת זותים	DA377 /	O.D.	2. DATE		Knows		Month	Doy		Yeor	Hour	
	PLACE IN BAL		ELIZAB				DEATI		Estimo	oted 🗆	Month	Doy	-0:	Yeor	Hour	М.
FUL	L NAME OF SPITAL INSTITUTION	(IF NO	T IN HOSPITAL	ORINSTI			PRO	NOU	NCED D		Decen	ber 1		1969	6:01	A. M.
6	20	325	S. Frem	ont			A. STATE	E	faryl		e deceased i	B. COUN		, residence i	serore odmi:	sionj
6. SEX 7. RACE B. MARRIED NEVER MARRIED					C. CITY					D. INSI	DE CII	TY LIMITS?				
	Female	Neg		WIDOW		DIVORCED				more			YE	s 🗓	NO 🗆	
9. [	ATE OF BIRTH	1	10. AGE (In			1 Yr. II Under 24 Hrs Doys Hours Min					emont			17	- 63	
11.	BIRTHPL ACE (S	tote or foreig	on country)	1	2. CITI	ZEN OF AT COUNTRY?	13. FATH	-								
14A done	USUAL OCCU during most of w	PATION (Giv orking life, ev	e kind of work 1-	4B. KIND	OF BUS	INESS OR INDUSTR	Y 15. MO1	THER'	S MAID	EN NA	ME					
ló. (Yes	WAS DECEASI , no or unknown)	D EVER IN	U.S. ARMED	FORCES?	17	SECURITY NO.	IB. INFO	ORM	ANT				AC	DRESS		
CERTIFICATION	(This does not heart follure, trijury or com  AN DISEASES C RISE TO THE UNDERLYIN  OTHER SIGN TO THE DEA	LEADING TO or meon the osthenio, etc. plication while NTECEDENT OR CONDITI ABOVE CA GCONDITI	mode of dylr. It means the ach coused death CAUSES ONS, IF ANY, USE (A) STATI ION LAST. IT	GIVING NG THE		(A) IMMEDIATE DUE TO, OR  (B) DUE TO, OR  (C)	AS A CONS	SEQU	ENCE O	F:	in ir	nfancy	,			
			GIVEN IN PAI		OR WH	ICH OPERATION W	AS PERFO	RME	D						PSY? (Yes o	r No)
Yes								163								
	ACTUAL SIGNATU EXAMINE NAME (T	ed from: N			Acci	dent Suici	AS	Hom CH SSIST SSOC	HIEF ME ANT ME	DICAL E	nis basis, Undetermi XAMINER XAMINER		ner [		date sign	
25A	BURIAL CREATION ALL (Specific ALL CREATION A		2-26- DEPT.	-78 258, NA	M	EA EAAA REGISTRAR	1 1340	le	A	DIRECTO	A LTO OR X A M	(City,		ODRESS	BA.	



## FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

-	> = FA 00 1000		HEALTH DEPARTMENT	3 613
BIR	(1) - 250	CERTIFICA	TE OF DEATH REG. NO.	111111111111111111111111111111111111111
0.0	NAME OF DECEASED DE DY SILL I	DixoN	2. DATE AND HOUR OF DEATH	1645 p. m.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE   Where decedsed lived. If insti	itulian: residence before admission)
FU H(	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION) STITUTION		MARYLAND  C. CITY OR TOWN  D. INSIDE	E CITY LIMITS?
	SINAL HOSPITAL	OF		YES NO
	SINAL HOSPITAL 42 BALTIMORE	E,ING.	4516 RENNUZST	AVE
S.	SEX 6. RACE 7. MARR WIDOW	IED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 9. AGE (In years last birthday)	If Under 1 Yr. II Under 24 Hrs. Manths Days Hours Min.
	N. USUAL OCCUPATION (Give kind of work 10B. KIN I be during most at working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of foreign country)	12. CITIZEN OF WHAT COUNTRY?
13.	SPENCER Di	KON	14. MOTHER'S MAIDEN NAME MARY LOVE	
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,na arunknawn) (If yes, give war or dates of servi	1 6. SOCIAL SECURITY NO.	DISRABSTEIN JORGE	SINAI HOSPITIC
	18. 7 76 9	CAUSE OF DEAT	H	APPROXIMATE INTERVAL
NO	LEADING TO DEATH  (This does not meen the mode of dying, heart foilure, osfhenio, efc. It meens the dise injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, gives to the obove couse (A) stoling UNDERLYING CONDITION tost.	ving (B) PR DUE TO, OR AS	EMATURITY  A CONSEQUENCE OF:	
IFICATI	DISEASE OR CONDITION GIVEN IN PART I (A).  19A-DATE OF OPERATION 19B. CONDITION F WAS PERFORMED		20A. AUTOPSY? (Yes o No) 20B. IF YES, WERE FIN	NDINGS CONSIDERED SES OF DEATH?
CAL CER	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inabify medical examiner)	21B. PLACE OF INJURY (e.g., i hame, farm, factory, street, of etc.)	n or about 21 C. WHERE DID (If in Boltimore INJURY OCCUR?	City, give exact location)
MEDI	21 D. TIME   Month)   Day) (Year) (Hour) OF INJURY   A PPROX.)	21 E. INJURY OCCURRED  While At Not While Work  Not Work		
	22. I certify that (I) (this haspital) attend	ed the deceosed from	19to	19
	that (I) (we) lost saw the deceased olive	on	ond that in(my) (aur) opini	on death occurred on the date
	and hour and from the causes stated abov	e. (1) (We) (did) (did not) v		
	23A. SIGNATURE   CLOWE	Atte	and the second s	238. DATE SIGNED
	23C.PHYSICIAN'S	OE GREE Phy		12/10/69
	NAME ITYPES RABSIEIN	, JORGEAN	ATOMY BOARD OF MARS	194177LTimoRi
24/	A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24	C. NAME of CEMETERY	WERSITY MEDICAL SCI	(State)
25/	AAR 2 1970 Russell E. Jack	WE OF REGISTRAR	2SC. FUNERAL DIRECTOR	ADDRESS
110	150 BEN 1/1/48		A STATE OF THE STA	



VS 151-REV. 1/1/68

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Entral Land C. . Market

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THE PROPERTY OF STREET STREET

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## FUNERAL DIRECTOR: IMPORTANT

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	4-534 69 1320	. /	HEALTH DEPARTMENT		69 132074	
-	IRTH NO. 69-15141	CERTIFICA	TE OF DEATH	REG. NO		
	NAME OF DECEASED  YPE OF PARTY HINDLE BABY GIRL M	AFRETT		D HOUR OF DEATH	0.775	
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PR		-27-69	8:45 A Nastitution: residence before admission		
FI	ULL NAME OF UF NOT IN HOSPITAL OR IN		A. STATE B. COUN MARYLAND	ITY	914	
11/16	OSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN BALTIMORE	D. INS	IDE CITY LIMITS?		
-	3/ BALTO. CITY HO	sp.	E. STREET AND NUMBER 2629 GREENMO	NT AVE. 2	1218	
Ш	SEX 6. RACE 7. MARI FEMALE WHITE WIDO	NED NEVER MARRIED X	8. DATE OF BIRTH 8-26-69	9. AGE (In years lost birthdey)	Months Days Hours Min.	
do	A. USUAL OCCUPATION (Give kind of work 10B, KIN one during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. 8IRTHPLACE (Stote or fore BALTIMORE	gn country)	12. CITIZEN OF WHAT COUNTRY USA	
13	EDWARD		14. MOTHER'S MAIDEN NAT	_		
15. (Y	. Was Deceased Ever in U. S. Armed Farces? as,ne or unknown) (If yes, give wer or dates of sorv	ice) 16- SOCIAL SECURITY NO.	17. INFORMANT BCH- RECORDS		n Ave.	
$\vdash$	18.	CAUSE OF DEAT	1	Baltimore,	Md. 21224	
ATION	LEADING TO DEATH  (This does not meen the made all dying, head failure, esthenic, etc. It meens the dise injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, it any, ginse to the above cause (A) stoling underlying condition lest.	ving (B) DUE TO, OR AS the (C)	A CONSEQUENCE OF:  A CONSEQUENCE OF:		YPECIS.	
CERTIFICATION	19A-DATE OF OPERATION 198. CONDITION F	OR WHICH OPERATION	YES	208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?	
CAL	OR CONTRIBUTING CAUSE OF DEATH Inotily medical examined	218 PLACE OF INJURY (e.g., in home, ferm, foctory, street, of etc.)	or about 21C. WHERE DID	(II In Beltimer	e City, give exact location)	
MEDI	21D. TIME (Menth) (Doy) (Year) (Heur) OF INJURY (APPROX.)	21 E. INJURY OCCURRED  While At	21F. HOW DID INJ	URY OCCUR?		
	22. I certify that (I) (this hospital) attend		3-26-69	19to8	-27-69	
	that (1) (we) lost sow the deceased alive		19ond the	ot in(my) (our) opi	nian deoth occurred on the dote	
ond hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.						
	23A. SIGNATURE Makez	1 01	nding Med.	Staff X	23B DATE SIGNED	
	23C. PHYSICIAM'S NAME (Type) MARCOS ALVAF	DEGREE 4	3D. ADDRESS		N-2 2224	
24	A. BURIAL CREMATION, 124B. DATE 124	DEGREE C. NAME of CEMETERY of CRE	4940 Eastern Av		ly, town, or county) (Stote)	
	CREMATION 8-29-69	BALTIMORE CITY H			e., Balto. Md.,212	
	MAR 5 1970 BR. 88 34	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	AL DISPOS	ADDRESS	
VS	150-REV. 1/1/68	100				

